County Borough  of Dewsbury.

ANNUAL REPORT

UPON THE

HEALTH OF DEWSBURY,

FOR THE YEAR 1925.

BY W. M. FRAZER,

M.Sc., M.B., Ch.B., D.P.H., Barrister-at-Law,

MEDICAL OFFICER OF HEALTH.

DEWSBURY:
J. WARD & CO., PRINTERS, CHURCH STREET.

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COUNTY BOROUGH OF DEWSBURY.

PUBLIC HEALTH DEPARTMENT, 1925.

Members of the Health Committee :

Chairman : Councillor J. R. Dyson

Vice-Chairman : Alderman J. Halstead, J.P.

Members :

The Mayor (Ald. W. H. Shaw, J.P.), Alderman J. E. Kilburn, Councillors Buckley, Fitton, Dr. Jubb, Lyles, Mrs. Watts and Young.

Members of the Housing Committee :

Chairman : Councillor G. Young.

Vice-Chairman : Councillor C. Buckley.

Members :

Aldermen Halstead and McCann, Councillors Ellis, Fitton, A. A. Lee, T. Lee and Mrs. Watts.

Members of the Maternity and Child Welfare Committee :

Chairman : Councillor J. R. Dyson.

Vice-Chairman : Alderman J. Halstead.

Members :

Comprise the Health Committee with the addition of two co-opted Lady Members.

Staff of the Public Health Department :

Medical Officer of Health :

Oscar M. Holden, M.D., Ch.B., D.P.H. (up to April, 1925).
W. M. Frazer, M.Sc., M.B., Ch.B., D.P.H., Barrister-at-Law. (from 13th July, 1925).

Assistant Medical Officer of Health :

E. Dorothy Hawkesworth, M.B., Ch.B., B.A.O. (up to March 31st, 1925).
C. C. P. Anning, B.A., M.R.C.S., L.R.C.P., D.P.H., (from April, 1925).

Chief Sanitary Inspector :

J. W. Mellor, C.R.S.I., and Meat Cert., M.I.C.S.

Assistant Sanitary Inspectors :

L. Shaw, (C.R.S.I). H. Steele, (C.R.S.I).
L. Poutler, (C R.S.I. and Meat Cert.) (from 1st March, 1925).
V. S. Harris, (C.R.S.I. and Meat Cert.) (up to February 6th, 1925).

Health Visitors :

†*M. Mahon. †*K. Mahon.
§*M. Priestley. *E. G. Ellis.

Tuberculosis Nurse : L. A. Blakeley.

Clerks :

E. Auty (C.R.S.I.), D. Barber, E. Cooper, J. Oldroyd.

Disinfecting Inspector : F. A. Dewsnap.

*Certificate of the Central Midwives' Board.
† Health Visitor's Certificate. § San. Cert. R.S.I.

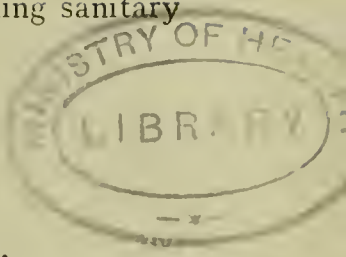
LOCAL ACTS AND ORDERS.

The following Local Acts and Orders containing sanitary provisions are in force in Dewsbury :—

The Dewsbury Improvement Act, 1884.

The Dewsbury Improvement Act, 1891.

The Dewsbury Corporation Act, 1915.



Public Acts adopted by the Corporation.

Public Health Act (Amendment) Act, 1890. Part III.

Notification of Births Act, 1907.

Public Health Act (Amendment) Act, 1907. Sections 51, 84 and 95.

Infectious Diseases (Prevention) Act, 1890. Sections 4, 12, 13, 14 and 16.

Bye-laws and Regulations.

The following Bye-laws and Regulations relating to sanitary matters are in force :—

Slaughterhouses, 1880.

Nuisances, 1880.

Common Lodging Houses, 1880.

Cleansing of Footways and Removal of House Refuse and the Cleansing of Cesspools, 1880.

New Streets and Buildings, 1888.

Dairies, Cowsheds & Milkshops, 1890.

Underground Sleeping Places, 1909.

Trade Effluent Regulations, 1923.

To the Chairman and Members of the Health Committee, County Borough of Dewsbury.

Mr. Chairman, Mrs. Councillor Watts and Gentlemen,

I have the honour to present to you, this, my first Annual Report, which relates to the health of the Borough of Dewsbury during the year 1925. This Report is drawn up in compliance with the Sanitary Officer's Order, 1922, Article 14 (3).

The general form of the Report fulfils the requirements of Circular 648, of the Ministry of Health, dated 10th December, 1925. As the Ministry desires that the 1925 Report shall be a survey report of the progress of Public Health measures during the previous five years, I have given this information under various headings in a summary form in the first few pages of this Report, the succeeding pages being concerned with matters affecting the year 1925 only. Such information for the years 1921 to 1924, has been obtained from your previous Medical Officer's Reports, from official documents filed in the Health Department, and from facts supplied by members of the office staff who have had longer experience than I have in the employ of the Dewsbury Corporation.

The following statistics and comments apply to the year 1925 only:—The Birth Rate was 17.26 per 1000 of the population. The Death Rate was 15.0 per 1000, which shows a decrease of .3, as compared with the year 1924. For England and Wales, the Birth Rate was 18.3, and the Death Rate 12.2. The 105 County Boroughs and great towns show 18.8 and 12.2 as corresponding rates for Births and Deaths.

During the year, the chief causes of deaths in Dewsbury were, Bronchitis, 136 deaths (16.5% of total deaths); Cancer, 67 deaths (8.1%); Tuberculosis (all forms), 38 (4.6%); Heart Disease, 100 (12.1%); Pneumonia (all forms), 60 (7.2%); Old Age, 54 (6.5%); Diseases of the Kidneys, 32 (3.9%); Infectious Diseases, including Influenza, caused 47 deaths (5.7%), and of these Influenza caused 18 deaths, and Whooping Cough 5. Measles was the cause of 19 deaths as against 1 death in 1924. This disease showed a greatly increased prevalence during the year, as was expected from its known epidemiology, viz., that the number of cases reaches its height approximately every second year.

The largest number of deaths from all causes occurred in the over 65 years of age group, the figure being 303 or 37% of the total deaths. The number of deaths occurring in the first year of life (infantile mortality), reached an unusually high figure, viz., 100, being 9 more than the preceding year. The infantile mortality rate (105.7) therefore shows a considerable increase as compared with 1924, as the number of births was less.

Summarising the fatality of the different groups of diseases, it may be observed that, as usual, respiratory diseases were the dominant cause of death in the Borough 4.1 per 1000 living). Next in importance comes diseases of the heart and circulatory system, causing as they did, 100 deaths, or 1.8 per 1000 living. Cancer, which has increased its incidence in many parts of the country, was responsible for 11 fewer deaths than in 1924. The largest decline of all, occurred in deaths from all forms of Tuberculosis, viz :—38 deaths in 1925, as compared with 59 in 1924.

Not only is there a reduction in the number of deaths from all forms of Tuberculosis, but also a considerable decline in the number of cases notified. The number of notifications is not, however, a very exact criterion of the amount of Tuberculosis occurring during the year, as, although an improvement has taken place in the promptness and completeness with which Medical Practitioners have fulfiled their statutory duty of notifying all cases of Tuberculosis to the Medical Officer of Health, nevertheless, there is still a good deal of cause for dissatisfaction concerning the number of cases remaining unnotified until within a few weeks of death.

It is hardly necessary to say that the Medical Officer of Health, who is also Tuberculosis Officer for the Borough, is only too anxious to afford whatever help he can to any practitioner who may desire a consultation about a patient who is suspected of being Tuberculous, or who may require frequent sputum examinations to be made to assist in the establishment of a diagnosis. Frequently the diagnosis of an early case is extremely difficult, and all our resources as regards physical examinations, the examination of sputum, and even X Rays may be tested before a decision can be arrived at as to whether such a patient is suffering from the disease or not. But early cases are especially the ones we are anxious to get hold of, as sanatorium treatment is most effective in patients in this

stage of the disease. It is not, however, suggested that the fault of delayed notification should always or nearly always be laid at the door of the Medical Practitioner. Large numbers of cases occur where the patient fails to consult his doctor because he has " only a cough," and it is not until something alarming happens, such as a hæmorrhage from the lungs, that he goes to be medically examined. By this time he is probably in an advanced stage of the disease.

Throughout the year, the accommodation at the Whitley Grange Sanatorium has been strained to its utmost to take patients willing to undergo treatment there. Further beds are urgently required, and unfortunately much delay has been experienced in building the new Sanatorium. At the end of the year, the walls had been completed, but little progress had been made with the slating of the roof. It will therefore be late in 1926 before the new building can be ready for occupation. As in previous years, concerts, mostly held on Saturday evenings, have been given, and have added much to the pleasure and comfort of the patients. Our thanks are due to the ladies and gentlemen who have so willingly given their services for this purpose.

Infantile Mortality, unfortunately shows a considerable increase, and was for the year, 105.7 per 1000 births. The chief cause of the increase, discussed at some length in the body of the Report, was undoubtedly the unprecedented stagnation of trade in the Town, which naturally resulted in an appreciably lowered standard of living for the industrial community which forms such a large proportion of the population. A large reduction in the wage earning capacity of members of the family means a decrease in the quantity and quality of the food consumed, and although parents are anxious to shield their younger children from the effects of privation of this kind, sooner or later even the babies suffer.

Maternal Mortality on the other hand shows a gratifying decrease, viz. :—3 deaths in 1925 as compared with 10 during the previous year. It is perhaps too early in its history to attempt to estimate the influence of the Moorlands Hall Maternity Home as a factor in any reduction of the maternal mortality rate. The fallacy, *post hoc ergo propter hoc*, is an easy one to fall into, especially in connection with vital

statistics. Undoubtedly, however, the Maternity Home has fulfilled a long-felt want in the town since its opening in November, 1924, and the Staff has been kept at high pressure throughout the whole of 1925 in dealing with the large number of cases admitted. As an experiment, the Health Committee agreed to allow Probationers training for the Certificate of the Central Midwives Board at the Staincliffe Institution, to take their " intern " cases at the Home under the supervision of the Matron, who has been recognised by the Board as a teacher of Midwifery. Owing to difficulties in regard to the recognition of the Staincliffe Institution as a training school for midwives, it was not found possible to inaugurate this arrangement during the year, but it is hoped that the Home will have the advantage of the services of Probationers from Staincliffe during the year 1926.

Housing conditions in Dewsbury have not improved during the year under review. Efforts have been systematically made, under the provisions of the Housing Acts 1909–25 and the Public Health Act, 1875, to put a number of houses in a better state of repair, but in many cases houses cannot be made anything like satisfactory even by large expenditure.

One of the most acute problems which the town has to face is the actual lack of accommodation of any sort sufficient to meet the needs of the people. Overcrowding, sometimes of a very serious kind, is met with in every part of the town. The Housing Committee are doing all they can to meet this urgent need, but progress must necessarily be extremely slow. The total number of houses erected during the year, according to figures supplied by the Borough Surveyor, was 145, and of this number 75 were erected by the Local Authority. As housing property is steadily deteriorating each year, and the majority of the dwellings in the town are already very old, the number of houses erected by the Local Authority and by private contractors hardly suffices to keep pace with normal wear and tear of the existing accommodation. One is therefore reluctantly forced to the conclusion that the standard of housing in Dewsbury is not improving.

Owing to this acute shortage, Closing Orders have only been made in 11 cases, but such Orders could justifiably be made in respect of many more houses if circumstances permitted. At the end of the year, the Corporation had on

hand the erection of 179 houses on the Ravens Lodge Site, 17 on the Wakefield Road Site and 12 on Beckett Lane Site.

The rate of progress in connection with privy conversions is slowing down, and this is only to be expected in view of the fact that owners have to pay the full cost of conversion.

The milk supply of the town does not as yet reach the desired standard, either in regard to cleanliness or freedom from bovine tuberculosis. In December, applications were received from two individuals for licenses to sell Grade "A" (Tuberculin-Tested) Milk in the Borough. The milk is obtained in bulk from a farm in Westmoreland, and is bottled by a firm of milk dealers and retailed in bottles both by them and by a milk salesman. Some of this milk is supplied daily both to the Whitley Grange Sanatorium and to the Moorlands Maternity Home, and its sale is steadily growing as its advantages in regard to cleanliness and freedom from tuberculosis become better known. As required by the Milk (Special Designations) Order, 1923, samples of this milk are submitted from time to time to bacteriological examination at the County Laboratory at Wakefield.

The high standard attained in previous years in regard to the meat sold in the town has been well maintained. Slaughter-houses and slaughtering have been thoroughly supervised, and the butchers have extended their goodwill and assistance at all times to your meat inspectors. The number of slaughter-houses is however unduly large for the adequate needs of a town of the size of Dewsbury, and this multiplicity renders the task of the meat inspectors in supervising the slaughtering of animals for human consumption very difficult. A central municipal slaughter-house would be a great advantage, but no doubt financial considerations will stand in the way of this ideal being realized for at least some time.

During the year a certain amount of new legislation or new orders, affecting the activities of the Public Health Department, has come into force. The Public Health Act, 1925, is in parts adoptive, and will, as far as these parts are concerned, require adoption in this Borough before becoming fully operative. The Tuberculosis Order, 1925, lays down a procedure to be followed in connection with the slaughter of cows and bovine animals found to be tubercular, and the Diseases of Animals Act, 1925, complementary to the Order,

empowers the Board of Agriculture and Fisheries to make grants to Local Authorities in respect of compensation paid to the owners of animals so slaughtered. By an Order in Council, the Milk and Dairies (Consolidation) Act, 1915, came into force during the year. This Act will, however, be of very limited usefulness until new Milk and Dairies Orders are issued under its provisions.

In accordance with the practice of your previous Medical Officer of Health, I append a statement of the costs of the Health activities in the Borough, for which I am indebted to Mr. A. E. Richardson, the Borough Treasurer.

	Estimated year ending 1925. Pence.	Actual year ending 1925. Pence.	Estimated year ending 1926. Pence.
Removal and Destruction of Domestic Refuse ...	10.48	10.15	10.79
Salaries and General Administration ...	2.38	2.38	2.39
Infectious Diseases ...	4.71	4.22	4.60
Maternity and Child Welfare	1.84	1.07	1.27
Tuberculosis	0.78	0.83	1.22
Venereal Diseases ...	0.08	0.08	0.09
	1s. 8.27d.	1s. 6.73d.	1s. 8.36d.

From these figures it will be observed that out of a total rate of 14/9 in the pound, the Health Services accounted for 1/6¾. This cannot, by any means, be called extravagant, considering the vital importance of the health of the community.

I have pleasure in tendering my thanks to the Staff of the Department for their willing help and co-operaton throughout the year.

I would also like to express my deep appreciation of the uniform kindness and consideration which the Public Health Department has received at your hands during the year.

I am,

Mr. Chairman, Mrs. Watts and Gentlemen,

Yours faithfully,

W. M. FRAZER,

April, 1926. *Medical Officer of Health.*

SUMMARY OF GENERAL STATISTICS.

	Land only.	Inland Water.	Total.
Area in acres	6,597	129	6,726
Population (Registrar-General, estimated) ...	54,790		
Number of inhabited Houses (1921 Census)	13,531		
(Estimated 1925) ...	13,930		
Number of Inhabited Houses with fewer than 6 rooms (1921 Census) ...	12,533		
(Estimated 1925) ...	12,932		
Number of families or separate occupiers (1921) ...	13,757		

Rateable Value ... Borough Rate £305,546.
District Rate £289,375.

Sum represented by a penny rate.—Borough, £1,202.
District, £1,147.

Extracts from Vital Statistics for the Year.

Births.	Male.	Female.	Total.
Legitimate	462	416	878
Illegitimate	40	28	68
	502	444	946

Birth Rate ... 17.26

Deaths ... Male, 410. Female, 413. Total, 823.

Death Rate... 15.0

Number of women dying in, or in consequence of childbirth :—

From Sepsis	2
From other causes	1
	3

Maternal Mortality per 1,000 births, 3.2.

Deaths of Infants under one year of age :—
Legitimate, 89. Illegitimate, 11. Total, 100.

Infantile Mortality Rate 105.7

Death-rate of Infants under one month (per 1,000 births) 40.1

Infectious or Contagious Disease.

	Number.	Rate per 1,000 of the population.
Deaths from Measles (all ages)...	19	0.34
„ „ Whooping Cough (all ages) ...	5	0.09
„ „ Diarrhœa (under two years of age)	12	12.6 per 1,000 births.
„ „ Scarlet Fever (all ages)	1	0.01
„ „ Diphtheria (all ages)	4	0.07
„ „ Influenza (all ages)	18	0.32
„ „ Enteric Fever (all ages)	—	—
„ „ Tuberculosis (all forms)	38	0.69

Deaths from Systemic Diseases.

Diseases of the		1925	1924	1923
Respiratory System	(Non-Tubercular)	3.55	3.30	3.20
Digestive System	(do.)	0.52	0.65	0.34
Circulatory System	(do.)	1.8	2.37	3.55
Renal System	(do.)	0.76	0.72	0.72
Nervous System	(do.)	0.21	1.72	0.43
Cancer		1.2	1.30	1.35

GEOGRAPHICAL CONDITIONS, &c.

Dewsbury is situated in the Valley of the River Calder, in the West Riding of Yorkshire. Throughout the whole of the County Borough area the district is hilly; the character is partly urban and partly rural. In the centre of the town the population is dense; in outlying districts such as Thornhill and Whitley it is somewhat sparsely populated.

The town is traversed by the River Calder, upon whose banks a number of factories have been built.

Dewsbury is surrounded at no great distance by a number of towns, of which the principal are Leeds, Bradford, Huddersfield, Halifax and Wakefield. On its northern aspect it is co-terminous with the Borough of Batley. The most important trade of the town is the manufacture of heavy woollen goods, such as blankets, rugs and heavy cloths. Futhermore, it is an important centre for the rag trade and for the manufacture of shoddy, and as a shopping centre for surrounding districts, it enjoys a considerable amount of popularity.

The Market in the Town Hall Square is open on Wednesdays and Saturdays.

Dewsbury became a Municipal Borough by a Charter dating from 1862. By a Provisional Order of the Local Government Board, conferred in 1909, the Borough was extended on 1st April, 1910, by the inclusion of Thornhill, Ravensthorpe, Soothill Nether and a portion of Soothill Upper.

On the 1st April, 1913, the town received County Borough status by a Local Government Board Order.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

Water Supply.

There are two sources of public water supply. The whole Borough, except the Thornhill Wards and that portion of Soothill Upper which was added to the Old Borough in 1910, is supplied by the Dewsbury and Heckmondwike Waterworks Board. The portion of Soothill Upper above indicated and Thornhill, are supplied from the Halifax Waterworks, although in cases of emergency, provision has been made so that these districts can be connected up with the Dewsbury mains.

The gathering grounds of the Dewsbury and Heckmondwike Waterworks are situated among the lofty hills in the district of Penistone, distant in a direct line, about 15 miles from Dewsbury. The gathering ground is entirely moorland; the surface soil is peaty and the vegetation chiefly heather, moss and rough pasture grass. The bulk of the water draining into the reservoirs is surface water. Analyses which are taken at intervals show that the water supply to the town is of high organic purity.

Rivers and Streams.

The River Calder, which has a tortuous course through the centre of the town, is joined by two tributaries, Dewsbury Beck and Spen Beck within the district. Smithy Brook courses through the southern border of the Borough and joins the main stream just beyond the boundary.

Pollution of the Calder and its main tributaries occurs from the trade effluent from factories close at hand. The "Canker Dyke" is a small stream flowing through Ravensthorpe and emptying itself into Spen Beck.

Drainage and Sewage Disposal.

The greater part of the town is systematically sewered, except for certain portions of Thornhill and the hamlets of Briestfield and Whitley. In the case of the last-named, instructions were given by the Council during 1925 to the Borough Engineer to prepare plans for a main sewer which is suggested for the purpose of sewering Whitley Lower and Briestfield. Sewage disposal works are somewhat scattered and are separate for Dewsbury, Thornhill, Ravensthorpe and Soothill Nether.

The Dewsbury works are situated at Mitchell Laithes, and are at present undergoing extensive reconstruction. The Soothill Nether works adjoin them. Thornhill's main works

are at Mill Bank, with a subsidiary works at Smithy Brook, and the Ravensthorpe works are situated in Ravensthorpe and are on the Spen Beck. As regards the Ravensthorpe district, the pollution of the Calder by trade effluent was the subject of a Ministry of Health enquiry at the instance of the West Riding Rivers Board late in the year. This subject has engaged the most earnest attention of the Council during 1925, and an application to the Ministry of Health for consent to a loan was decided upon, in order that the sewage works at Ravensthorpe should be re-modelled on their present site and a new sewer constructed to deal with the trade effluent of factories in this district.

As regards closet accommodation, privies still exist in many parts of the Borough, but they are in a minority, and as the work of conversion to water closets is steadily going forward, they are becoming considerably fewer year by year.

Disposal of Refuse.

This is undertaken by the Cleansing Department, which is a branch of the Borough Surveyor's Department. The system in force consists of an old two-cell destructor situated in Webster Hill, assisted by a number of tips situated in various outlying parts of the town. The tips are as follows :—Gas Works, Savile Town ; Albion Road, Thornhill ; Broadhead's Farm, Calder Road ; Crown Flatts ; Wakefield Road (2) ; Burgh Mill ; Greaves Road ; Railway Street. Ashpits and ashbins are emptied every week by the Corporation employees. Unfortunately a large number of ashpits still remain in the Borough, and the Corporation has no legal powers to order the substitution of the more up-to-date ashbins except in cases where the ashpits are insanitary.

In September 1925, a Report was submitted to the Health Committee by the Medical Officer of Health, recommending the discontinuance of the use of the destructor as it had become obsolete and was costing large sums each year in repairs, and suggesting that all refuse could be disposed of by a carefully supervised system of tipping, aided by the use of one or more " Iwel " plants for the disposal of organic refuse, and a small incinerator. The suggestions embodied in this Report were agreed to by the Council, and the use of the destructor is to be discontinued at the end of March, 1926, and the alternative system of tipping, plus arrangements for the disposal of organic refuse, put into operation.

SUMMARY OF THE WORK OF THE PUBLIC HEALTH DEPARTMENT DURING THE YEARS 1921–5 INCLUSIVE.

(1) Population. VITAL STATISTICS.

There has been some tendency during the last three years for the population of the County Borough to decrease. As there has been comparatively little emigration or immigration, the explanation of this fact must be looked for in the steadily declining birth-rate, which is dropping rather more quickly than the death-rate.

The figures for the population in each of the years 1921–5 are as follows :—

1921 (Census figure)	54,165
1922 (Estimated middle of 1922) ...	55,100
1923 (Estimated middle of 1923) ...	55,424
1924 (Estimated by Registrar General)	55,120
1925 (Estimated by Registrar General)	54,790

It must be observed however, that the figures given for the years following the Census year (1921), can never be as accurate as the definite enumeration of the population carried out during a census, and estimates are likely to show a greater and greater departure from the actual population as the period from the Census year increases. This is a matter of considerable importance to Public Health administration, since birth and death rates and morbidity rates are calculated on a population basis, and any appreciable error in the estimate of population will be a source of error in statistics of this kind. To render vital statistics as trustworthy as possible, it has been suggested that the Census should be taken at five-yearly intervals instead of at ten-yearly intervals as at present. Statutory Authority exists for this to be done locally.

(2) Birth-rates.

The following figures show the birth-rate for each of the years under review :—

					Total Birth-rate.
1921 ...	Legitimate	21.12	Illegitimate	0.97	... 22.08
1922 ...	do.	17.1	do.	1.1	... 18.2
1923 ...	do.	16.36	do.	.62	... 17.05
1924 ...	do.	17.67	do.	.87	... 18.5
1925 ...	do.	16.02	do.	1.24	... 17.26

Decreases will be noted in all years with the exception of 1924, when a considerable rise occurred in the birth-rate. This increase was evidently temporary, and the figure for 1925, is, with the exception of one of the War years (1917) and also of 1923, the lowest in the history of the Borough. The high figure for 1921 is no doubt explainable as a consequence of demobilisation, which had been completed by that time.

(3) Death-rates.

The following Table gives death-rates for each year of the quinquennium, and, for purposes of reference, infantile mortality rates are also appended, together with a series of death-rates obtained by subtracting infantile deaths from total deaths. The figure in column (4) gives therefore the death-rate of the population from one year upwards.

(1)	Death-rate (2)	Infantile Mortality Rates (3)	Death-rate from 1 year upwards (4)
1921 ...	14.9	121.9	12.3
1922 ...	13.32	107.5	11.6
1923 ...	14.0	82.8	13.0
1924 ...	15.3	89.04	13.7
1925 ...	15.0	105.7	13.2

Comparing 1925 with 1921, it will be observed that there are increases in total death-rates and in death-rates from 1 year upwards, but a considerable decrease in the infantile mortality rate. During the last three years there has been a distinct tendency for these rates to increase, and the total death-rate was somewhat worse than in 1921, and very considerably worse than in 1922. It is to be noted that no serious epidemics of infectious diseases have accompanied this rise in death-rates, and that the rise has been general throughout the whole population of the Borough, being, however, greatest in infants under one year of age. Probably a complete explanation of this phenomenon is in the exceptionally bad industrial position of the town during the past few years. A very small proportion of the population, which is predominantly industrial, has enjoyed full-time employment for several years. Underfeeding has been general and its effect is, unfortunately, cumulative. Undoubtedly a period of industrial prosperity would be reflected in decreased death-rates.

INFANTILE MORTALITY RATES.

The figures are as follows :—

1921	...	121.9	per 1,000 births
1922	...	107.5	„ „ „
1923	...	82.8	„ „ „
1924	...	89.04	„ „ „
1925	...	105.7	„ „ „

A noticeable feature of this Table is the sudden decline in the infantile mortality rate during the year 1923. The figure for 1925, while below the rate for years prior to 1923, shows a very alarming increase. A discussion on the present infantile mortality rate is given in the body of this Report.

MATERNAL MORTALITY.

The following Table shows the number of women dying in or in consequence of childbirth, during the various years :—

Year		From Sepsis	From other causes	Total	Rate per 1,000 births
1921	...	1	5	6	5
1922	...	2	5	7	7.05
1923	...	2	6	8	8.5
1924	...	2	8	10	9.8
1925	...	2	1	3	3.2

The figures given above show a progressive increase in the total number of deaths from causes associated with child-birth for the first four of the five years under review, with a sudden drop during the year 1925. Throughout this period, housing conditions have remained stationary, the midwifery service, although gradually increasing in efficiency, has shown no remarkable improvement, and the conditions as regards suitability of arrangements for confinements have not materially altered for the better with one significant exception. I refer to the opening of the new Maternity Home on the Moorlands Hall Estate in November, 1924. Approximately one-fifth of the total number of confinements occurring in Dewsbury during 1925 have taken place at the Maternity Home. Many of the women admitted as patients were from the poorest homes ; a number of the children born there were illegitimate. Thus a remarkable increase in the efficiency of the maternity services of the Borough has occurred. It is likely therefore, that at least some of the credit for the satisfactory drop in the number of maternal deaths may be due to the opening of the Maternity Home.

Death Rates from Infectious or Contagious Diseases.

Year	1921	1922	1923	1924	1925
Measles (all ages) ...	0.0018	0.054	0.45	0.02	0.34
Whooping Cough (all ages)	0.117	0.09	0.07	0.14	0.09
Diarrhoea (under 2 yrs. of age per 1,000 births) ...	0.443	0.145	6.40	7.0	12.6
Scarlet Fever (all ages) ...	0.036	0.072	0.05	0.04	0.018
Diphtheria (all ages) ...	0.11	0.036	0.04	0.06	0.07
Influenza (all ages) ...	0.35	0.435	0.49	0.47	0.32
Enteric Fever (all ages)	—	0.019	0.05	—	—
Tuberculosis (all forms)	0.74	0.53	0.83	1.07	0.69

TUBERCULOSIS.

Little change has occurred during the past five years in the organisation devoted to the prevention and treatment of all forms of Tuberculosis. The Medical Officer of Health also acts as Tuberculosis Officer for the Borough, and is, and has been, helped by the Assistant Medical Officer of Health. As a County Borough, Dewsbury enjoys, under the general administrative supervision of the Ministry of Health, complete autonomy in the control of Tuberculosis in their area. The Tuberculosis Clinic which has, during the period under review, been held at Northfields House, Halifax Road, is the clearing-house at which all cases are seen. Two of the sessions are held in the evening.

Whitley Grange Sanatorium continued during the quinquennium to provide the beds for the treatment of advanced cases. Early cases were, in 1921, sent to Dean Head, Keighley, and to Stanhope. At present this Authority rents two beds at Southport only.

In the early part of 1925, after approval by the Ministry of Health, the building of a new Sanatorium on the pavilion system in the grounds of the present Sanatorium at Whitley, was commenced. The plans provide accommodation for 30 patients. Building operations were however very slow, and at the end of 1925, less than half the work at the new Sanatorium had been completed. The Corporation have agreed to plans for the erection of an additional wing to the Home at Whitley Grange Sanatorium to accommodate an increased Nursing Staff.

The following Tables give some statistical information in regard to Tuberculosis—pulmonary and non-pulmonary, during the five years, 1921–5 :—

Number of Notifications.

	Pulmonary			Non-Pulmonary			Total notified		
Year	M	F	Total	M	F	Total	M	F	Total
1921 ...	17	13	30	8	3	11	25	16	41
1922 ...	40	21	61	5	4	9	45	25	70
1923 ...	23	23	46	3	8	11	26	31	57
1924 ...	16	32	48	1	5	6	17	37	54
1925 ...	15	16	31	8	2	10	23	18	41

Mortality of Tuberculosis, 1921–5, per 1,000 of the Population.

	Pulmonary		Non-Pulmonary		Totals	
		Death		Death		Death
Year	Cases	rate	Cases	rate	Cases	rate
1921 ...	31	0.57	10	0.16	41	0.74
1922 ...	23	0.41	7	0.12	30	0.53
1923 ...	32	0.57	14	0.21	46	0.83
1924 ...	52	0.94	7	0.13	59	1.07
1925 ...	30	0.54	8	0.14	38	0.69

These figures give an indication of the fluctuations which have occurred, as far as Dewsbury is concerned, in the total number of cases of Tuberculosis notified, and also in the death-rates from the disease.

The position as regards institutional treatment of pulmonary cases can be regarded as not unsatisfactory during the last few years, and will become even more efficient when the new Sanatorium is opened. There has been little difficulty in persuading sufferers from the disease to go to the Sanatorium, and it has not accordingly been necessary to utilise the powers given by Section 95 of the Dewsbury Corporation Act, 1915, for the compulsory removal of any infectious cases to Hospital.

Facilities for the treatment of non-pulmonary Tuberculosis have not reached a very high standard. Surgical cases may require Hospital beds for very long periods, and it has not therefore been practicable to treat many such patients at Whitley Grange Sanatorium. It has accordingly been necessary to attempt to obtain treatment at general hospitals,

and as the Dewsbury General Infirmary has been pressed for accommodation for years, some of the surgical cases both children and adults were forced to find beds in hospitals in Leeds or Bradford.

MATERNITY AND CHILD WELFARE.

During the past five years, three Child Welfare Clinics have been held each week—two at the Dewsbury Town Hall and one at the Thornhill Council Offices. The large room in the basement of the Town Hall, divided at one end to form a small partitioned recess for examinations by the Medical Officer, was not regarded as satisfactory accommodation for a Child Welfare Clinic by a Medical Officer of the Ministry of Health, who visited the Clinic in 1924. Accordingly in 1925, the room next to the large room, previously occupied by the Local Taxation Department, was appropriated for the use of the Medical Officer, and a doorway cut through the wall separating the two rooms. This arrangement is a decided improvement.

The figures in regard to attendances at these Clinics are given in the Table herewith :—

	Total attendances at Clinic	Primary attendances	Examined by Doctor	Prospective Mothers
1921 ...	7272	632	1012	208
1922 ...	9543	488	1813	399
1923 ...	10974	375	2252	432
1924 ...	9744	467	3961	489
1925 ...	8770	501	3622	536

The following Table shows the number of visits, for all purposes, paid by the four Health Visitors during the five successive years :—

1921	...	12717
1922	...	13134
1923	...	13044
1924	...	13868
1925	...	15905

In November, 1924, the Corporation Maternity Home was opened, a large house on the Moorlands Hall Estate being utilised. The Staff of the Home consists of a Matron, two Staff Nurses, a Probationer, domestics, and a handyman. Up to the end of 1925, 183 births had occurred since the opening of the Institution.

VENEREAL DISEASES.

A slight decline is noticeable during the last three years of the quinquennium, as compared with the previous two years, in the incidence of venereal diseases, at least if the figures of cases under treatment each year are any index of the total amount of these diseases which has occurred. As statistics regarding the total number of cases of venereal diseases are of course not available, our only guide as to their incidence among the population of the Borough lies in a consideration of the attendances at the Clinics.

The following Table gives the number of cases together with the disease from which they were suffering, attending for the first time at the V.D. Clinics ; Dewsbury cases only are included :—

	Syphilis	Soft Chancre	Gonorrhoea	Total
1921 ...	47	—	33	80
1922 ...	39	—	31	70
1923 ...	25	1	24	50
1924 ...	22	1	36	59
1925 ...	31	—	37	68

The arrangements made with the Authorities of the Dewsbury General Infirmary for the treatment of Venereal Diseases have been continued during the quinquennium. A separate irrigation hut for cases of Gonorrhoea has now been provided.

HOUSING.

Dewsbury is unfortunately situated as regards Housing. The majority of the houses are old, a great number are very old, and a large amount of the housing property scattered throughout the town is in an indifferent state of repair. A proportion of the total number of houses, estimated at 60% are without through ventilation. As regards town-planning, many of the streets are narrow and in places tortuous. During the present century, the amount of new building has not kept pace with the increases of population, and in consequence, great overcrowding has been experienced throughout the town, and, of course, still exists.

According to the 1921 Census, the number of inhabited houses was 13,531. In the 1923 Report of the Medical Officer of Health, it is stated that, on the England and Wales standard,

there was in 1921, a deficiency of 14,749 rooms, or, taking an average of 4.5 rooms per house, a deficiency of 3,277 houses in the Borough. The number of houses built since then has not sufficed to improve matters to any great extent. At the time of the Census, 108 private houses were in the course of erection, and have since been completed and occupied. In 1922 73 houses were built, 5 by private enterprise and the remainder by the Corporation. In 1923, 13 houses were erected by private enterprise and none by the Corporation. For 1924 the corresponding figures were 34 and 26, and for 1925, 70 and 75.

The total number of houses therefore, erected and occupied between the time of the Census in 1921 and the end of 1925 was 399. Accordingly, at the end of 1925 the deficiency in houses as far as Dewsbury is concerned was 2903. An allowance has been made in this calculation for houses which have been demolished under the Housing Acts, on the Dawgreen Area, and for those which have during this period become subject to Closing Orders. A very serious lack of accommodation still exists, and in considering this question, it should be borne in mind that a large number of houses are really, according to modern standards of Public Health, unfit for human habitation, and would, in more favourable circumstances as regards building, be reasonably subject to the operation of Closing Orders.

In 1922 a representation was made under Section 39 of the Housing of the Working Classes Act, 1890, in connection with the clearance and reconstruction of a part of the Dawgreen Area (Scheme A). In 1924 an enquiry was held by the Ministry of Health, and the Scheme for this sub-area was substantially approved. The clearance of the site in question has since been proceeded with, and a total of 12 houses demolished. In 1923 representations were made for two additional sub-areas on the Dawgreen site to be cleared and reconstructed. An enquiry in regard to these representations has not yet been held.

Medical Officer of Health's Annual Report, 1925.

INFECTIOUS DISEASES.

For certain purposes, such as for that of an Annual Report, infectious diseases may be divided into two categories, viz. :— the notifiable and the non-notifiable. A classification of this kind is purely arbitrary and it is only convenient to discuss the question of the diseases under the two headings mentioned because the method of administrative control differs in each case.

Notifiable diseases are those in which a medical practitioner is required by law, on becoming aware of a case as a result of his professional duties, to inform the Medical Officer of Health of the district in which the case is, on a certain prescribed form. On receipt of a notification of a case of infectious disease, the Medical Officer of Health causes enquiries to be made as to the likelihood of the spread of infection from the case notified, the amount of accommodation for nursing the patient at home, etc. In most urban districts and in many rural districts, hospital accommodation is available for the reception of cases suffering from certain of these diseases, especially in respect of scarlet fever, diphtheria and enteric, and, as a general rule, almost all patients suffering from enteric, and the greater proportion of scarlet fever and diphtheria cases are removed to hospital. Persons suffering from small-pox, when discovered, are as a matter of course, removed to hospital. Other administrative measures may be taken on receipt of a notification, *e.g.*, in the case of the notifiable diseases usually occurring in children, other children in the house will be excluded from school attendance for a certain specified period ; disinfection of the house or of certain rooms in it may be undertaken, and especially in respect of such diseases as enteric fever and small pox, exhaustive enquiries will be made to discover the source of infection.

Notification has therefore enabled the Health Department to exercise a certain amount of control over a number of infectious diseases ; this control is, however, far from complete, and such matters as the fever-hospital system, and the advisability of disinfection are at the present time the subject of considerable controversy.

The notifiable infectious diseases are as follows :— Cholera, Continued Fever, Diphtheria, Enteric Fever, Erysipelas, Puerperal Fever, Relapsing Fever, Scarlet Fever, Small-pox, Typhus Fever, Tuberculosis, Acute Poliomyelitis, Cerebro-spinal Fever, Ophthalmia Neonatorum, Plague, Encephalitis Lethargica, Primary Pneumonia, Influenzal Pneumonia.

Over the other infectious diseases such as measles, whooping cough, mumps and chicken-pox, very little control is possible. The notification of measles has been tried in various districts, and was universal throughout the country in 1925.

It was found however, that during epidemics of this disease, the number of notifications was far beyond the ability of the Staff of any Health Department to deal with, and were useful for statistical purposes only. Few towns have sufficient hospital accommodation to receive even a small fraction of the cases occurring during an epidemic of measles. In practice, those towns which have hospitals or wards for measles cases reserve their accommodation for the severer cases, or for milder cases, where the home conditions are so bad that adequate attention is impossible. It is to be noted that measles is a much more serious disease than is commonly supposed. During 1925, 19 deaths occurred from this disease in Dewsbury, as compared with one death from scarlet fever. Whooping cough also causes a large number of deaths in children, and, in common with measles, is the forerunner of a great deal of ill-health and invalidity. Chicken-pox and mumps are mild diseases, and are rarely followed by unpleasant sequels.

During an epidemic of small-pox, the Local Authority has power, subject to the consent of the Ministry of Health, to declare chicken-pox a notifiable infectious disease.

TABLE I. **Notifiable Diseases during the year.**

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.	Incidence Rate per 1,000 of Population.	Death Rate per 1,000 of Population.	Housing Conditions. Admitted to Hospital: Not Through Houses	Admitted to Hospital: Through Houses	Remaining at Home: Not Through Houses	Remaining at Home: Through Houses
Small Pox									
Scarlet Fever	56	44	1	1·02	0 01	31	13	5	7
Diphtheria	29	22	4	0·52	0 07	15	7	1	6
Enteric Fever	2	2		0·03		1	1		
Puerperal Fever... ...	2		2	2·1 per 1000 births.	2.1	1	1		
Pneumonia (Lobar) ..	41		26	0·74	0·47			28	13
Erysipelas	15			0·27				14	1
Ophthalmia Neonatorum	7			7·4 per 1000 births.				7	
Encephalitis Lethargia..	4			0·07				2	2
Tuberculosis :—						Deaths		Notified Cases	
Pulmonary Male ...	15		15			6	9	11	4
Pulmonary Female ...	16		15			11	4	13	3
Pulmonary Total ...	31		30			17	13	24	7
Non-Pulmonary Male ...	8		6			6		4	4
Non-Pulmonary Female ...	2		2			2		2	
Non-Pulmonary Total	10		8			8		6	4

TABLE II. **Room Space in Relation to the Incidence of certain Infectious Diseases.**

	Admitted to Hospital.				Remaining at Home.			
	Less than 1 person per room	1—2 persons per room	More than 2 persons per room	TOTAL	Less than 1 person per room	1—2 persons per room	More than 2 persons per room	TOTAL
Scarlet Fever ...	1	22	20	43	3	9		12
Diphtheria ...	1	13	7	21	4	3		7

Scarlet Fever.

Average No. of Persons per room.		Average No. of Occupants under 15 years.	
Hospital	Home	Hospital	Home
1·5	1·0	2·0	1·4

Diphtheria.

Average No. of Persons per room.		Average No. of Occupants under 15 years.	
Hospital	Home	Hospital	Home
1·7	0·7	1·8	1·3

The number of cases of Scarlet Fever and Diphtheria occurring in the Borough was approximately the same as in the previous year. As in previous years the majority of patients were removed to the Isolation Hospital at Mitchell Laithes. One case of Scarlet Fever and one case of Diphtheria occurred in a common lodging house. Both were removed to Hospital, and the usual precautions were taken to prevent the spread of infection, and no further cases occurred.

The usual procedures as regards enquiries at the home and disinfection of rooms have been carried out as in previous years.

It should be observed that the totals given in Table I. of the incidence of Scarlet Fever and Diphtheria in the Borough do not tell the complete tale of the amount of these two diseases occurring. Mild cases, with vague clinical signs and symptoms, are found in which the medical practitioner may not feel justified in making a positive diagnosis, such as is entailed in the notification of a disease. No doubt, frequently, cases never come under the notice of a doctor at all. Both diseases have, as a prominent symptom, sore throat, and sore throats are undoubtedly fairly common amongst the child population, and unless accompanied by a rash or other alarming manifestation, are not always considered to be sufficient cause for a visit to the family doctor. Cases occur of people who have the Diphtheria Bacillus in their throats for varying periods without any objective or subjective signs of ill-health. These "carriers" are a fairly frequent cause of the spread of Diphtheria, and in exceptional cases great difficulty is experienced in clearing up the condition.

TABLE III.

INFECTIOUS DISEASES.

Age incidence of Cases Notified.

	Under 1 Year		1-2		2-5		6-10		11-15		16-20		21-35		36-45		46-65		Over 65		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Scarlet Fever			2	3	8	9	13	11	4	4		1	1								28	28
Diphtheria				1	1	2	4	5	4	3	2	2	1	1	1		1	1			14	15
Erysipelas							1			2				3		1	1	3	1	3	3	12
Enteric Fever									1					1							1	1
Puerperal Fever... ..														2								2
Ophthalmia Neonatorum ...	5	2																			5	2
Encephalitis Lethargica ...												1		1	1	1					1	3
Pneumonia			1			2	1	5	1	2	3		3	3	2	2	9	2	3	2	23	18
Tuberculosis (Lungs) ...				1		1	3		2	1	3		2	7	2	5	3	1			15	16
,, (other forms)			1		1		3	1			2	1	1								8	2
	5	2	4	5	10	14	25	22	12	12	10	5	8	18	6	9	14	7	4	5	98	99

Enteric Fever shows a marked decline, only 2 cases being notified as compared with 10 in the previous year. It is regrettable that ophthalmia neonatorum only shows a decrease of one case, as compared with 1924. Only 27 patients were notified by medical practitioners as suffering from pulmonary tuberculosis. In 1924 the corresponding number was 48. Notification of this disease is by no means complete, but it may be assumed that the standard is about the same as the previous year, and consequently the total number of cases of pulmonary tuberculosis occurring in the Borough during the year shows a great reduction as compared with the previous year. Four cases of encephalitis lethargica were notified. The causation of this disease is obscure and the diagnosis sometimes difficult, and it is therefore probable that the figure given understates the total number of cases occurring, as slight cases are liable to remain undiagnosed.

Fortunately small-pox continues to neglect to pay Dewsbury an unwelcome visit. Outbreaks have occurred in several towns and districts within easy reach, but the utmost vigilance is being exercised to prevent any cases reaching this Borough. In December, the Medical Officer of Health of the Halifax Rural District reported by telephone that he had a case in his district, and for some time the common lodging houses in Dewsbury were kept under close supervision, and the proprietors were asked to forward to the Health Department information as to persons who were known to have come from this infected area. Later in the month it was reported that three residents of Dewsbury had been in contact with one of the Halifax Rural District small-pox cases. They were visited at least once a day by members of the Staff of the Health Department during the incubation period of the disease, but fortunately they did not contract small-pox.

TABLE IV.

Opthalmia Neonatorum.

CASES			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated					
	At Home	In Hospital				
7	7	—	6	1	—	—

Attendance at Confinement.

Male	Female	Doctor	Midwife	Handywoman
6	1	5	1	1

ANTHRAX.

Two cases only of anthrax in human beings occurred during the year in mills in the town, and were notified to H.M. Inspector of Factories. In both cases the pustule appeared on the face. Both patients recovered under treatment.

THE CHIEF CAUSES OF SICKNESS AND DEATH DURING 1925.

During the year 410 deaths occurred amongst males and 413 amongst females, giving a death-rate of 15·0 per 1,000 of the population, a decrease of ·3 per 1,000, as compared with 1924. Once again Respiratory Diseases, including Pulmonary Tuberculosis, as a group, head the list of causes of death (4·1 per 1,000). Of the Respiratory Diseases, Bronchitis (all forms), caused 136 deaths; Pneumonia (all forms), 60, and Pulmonary Tuberculosis 30.

Diseases of the heart come next in order of importance as a cause of death (100 deaths). The causation of organic heart disease is by no means completely elucidated, but it may be said that sub-acute and acute rheumatism due to a micro-organism, is the forerunner of the majority of cases. A number of cases, particularly of the aortic valves, are due to syphilis. Next in order of fatality (during 1925), comes cerebral haemorrhage, with a total of 69 deaths.

A welcome reduction has occurred in the number of deaths from cancer of all forms, viz.:—67 deaths in 1925 as compared with 78 in the previous year.

There has been no outstanding cause of sickness during the year, except for an epidemic of measles of moderate severity during the last quarter. Chicken-pox and mumps were somewhat prevalent towards the end of the year. Four cases of encephalitis lethargica were notified, but no deaths from this disease were certified. Seven cases of ophthalmia-neonatorum were notified; a reduction of one as compared with 1924. All were treated at home, as there is no arrangement for the removal of such cases to hospital. In 6 of the cases referred to, no impairment of vision was noticeable; in 1 child considerable impairment, not however, amounting to the complete destruction of the vision, was occasioned. (See Table IV.)

TUBERCULOSIS.

The Notification of Tuberculosis.

The total number of cases of pulmonary tuberculosis notified was 31, and of non-pulmonary tuberculosis 10. Of the pulmonary cases, 15 were males and 16 females, and of the non-pulmonary, the corresponding figures were 8 and 2.

Fifteen deaths from pulmonary tuberculosis occurred in males, and 15 in females. Six males and 2 females died from non-pulmonary tuberculosis.

TABLE V.

AGE PERIODS.	New Cases.				Deaths.				By whom Notified.	
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.		Private Practitioner	Member of Official Staff
	M.	F.	M.	F.	M.	F.	M.	F.		
0–1	—	—	—	—	—	1	—	—	—	—
1–5	—	2	2	—	—	2	2	—	3	1
5–10	3	—	3	1	—	—	—	—	3	4
10–15	2	1	—	—	—	2	1	1	1	2
15–20	3	—	2	1	1	1	1	—	5	1
20–25	1	5	1	—	3	2	—	—	6	1
25–35	1	2	—	—	4	3	1	1	3	—
35–45	2	4	—	—	2	—	—	—	6	—
45–55	—	1	—	—	2	1	1	—	1	—
55–65	3	1	—	—	3	3	—	—	3	1
65 & up'wds.	—	—	—	—	—	—	—	—	—	—
	15	16	8	2	15	15	6	2	31	10

The following were the districts from which the notified patients came :—

Wards	Pulmonary	Non-Pulmonary	Total
All Saints	3	—	3
Trinity North	5	1	6
Trinity South	5	2	7
St. John's East ...	7	2	9
St. John's West ...	2	1	3
Ravensthorpe	4	1	5
Earlsheaton	3	1	4
Thornhill North ...	2	2	4
Thornhill South ...	—	—	—

TABLE VI.

Deaths from Tuberculosis.

Occupation	Lungs		Other Forms		Housing Conditions at time of Death		
					Died at Home		Died in Institns.
	M	F	M	F	N.T.V.	T.V.	
Solicitor	1	—	—	—	—	1	—
School Child	—	1	—	1	2	—	—
Millwright	1	—	—	—	—	1	—
Clerk	1	1	—	—	—	2	—
Electrician	1	—	1	—	1	1	—
Teamer	1	—	—	—	—	—	1
Housewife	—	3	—	—	2	1	—
Millhand	3	2	1	—	4	1	1
Weaver	—	1	—	—	—	—	1
Glass Bottle Blower ...	2	—	—	—	—	—	2
Postman	1	—	—	—	—	1	—
Eiderdown Maker ...	—	1	—	—	1	—	—
Colliery Ropeman ...	—	—	1	—	1	—	—
Typist	—	1	—	—	—	1	—
Rag Merchant	1	—	—	—	—	1	—
Rag Gatherer	1	—	—	—	—	—	1
Printer's Apprentice ...	1	—	—	—	—	—	1
Engineer	1	—	—	—	—	1	—
No Occupation	—	5	3	1	5	2	2
	15	15	6	2	13	16	9

TABLE VII.

THE TREATMENT OF TUBERCULOSIS.

Dispensary.	Insured Person.	Not Insured Person.	Disch'rgd Soldiers.	Total.
*New Patients (individuals) ...	15	56	0	71
New Patients (visits)	19	71	0	90
Visits of Patients under Observation...	164	410	149	723
Visits of Patients under Treatment	589	2158	403	3150
Number of Individual Patients	82	277	26	385
Visits. Totals	772	2639	552	3963

* Excluding Contacts.

Of the 71 new cases, 38 were male and 33 female. Thirteen males and 18 females were considered to be non-Tuberculous. Five males and 4 females were suffering from non-pulmonary tuberculosis.

TABLE VIII.

Contact Examinations.

	Tuberculous	Doubtfully Tuberculous	Non-Tuberculous	Total
Male ...	0	1	8	9
Female ...	1	3	12	16
	1	4	20	25

TABLE IX.

Results of Dispensary Treatment.

	Male.	Female.	Total.
Cases completing Treatment ...	11	—	11
Cases admitted to Sanatoria ...	22	9	31
*Cases under Treatment, end of 1924	209	162	371
Patients transferred to Domiciliary Treatment	1	1	2
*Cases under Treatment, end of 1925	193	196	395
Cases under observation at Dispensary	—	—	249
Cases under Treatment at Dispensary	—	—	136
Cases under Domiciliary Treatment (end of 1925)	—	—	8

*Including Pre-Tubercular Children.

Four cases of pulmonary tuberculosis and 7 cases of non-pulmonary tuberculosis were written off the Dispensary Register as cured. At the end of the year 1925, there were 191 cases on the Dispensary Register.

Eighteen patients who had attended the Tuberculosis Dispensary died during the year.

Two cases of lupus attended at the Leeds General Infirmary for treatment with the Ultra-Violet Rays. Dental Treatment was given at the Dewsbury General Infirmary to one patient who has tubercular cervical glands, and was suffering from severe anaemia.

Malt and cod-liver oil was prescribed throughout the year to patients who required it. The supply at the Dispensary is in pound tins, and the following number of tins were given out :—

Total number of tins	793
Individuals receiving malt and oil ...	110
Not Insured	89
Insured	12
Ex-Soldiers	9

Four Tuberculosis Clinics are held during each week; one on a morning, one on an afternoon and two in the evening. Adequate facilities are thus afforded for any persons who are able to get about to attend, whether working or not.

TABLE X.

Home Visiting.	Insured Person.	Non-Insured Person.	Disch'rgd Soldiers.	Total.
Homes of New Cases ...	30	30	1	61
Homes of Patients in Sanatoria	14	5	3	22
Homes of Patients attending Dispensary	61	181	34	276
Homes of Patients under Observation	178	388	13	579
Totals ...	283	604	51	938

TABLE XI.

Institutional Treatment.

	Admissions		Discharges		Died	
SANATORIUM	M	F	M	F	M	F
Whitley Grange ...	24	9	16	7	5	2
Southport ...	3	2	3	2	—	—
Totals ...	27	11	19	9	5	2

Patients' accommodation at the Whitley Grange Sanatorium consists of a wooden structure with two wards and the usual offices. This building is old, and has outlived its sphere of usefulness. New accommodation, on the pavilion system, is now in course of construction, and will be available for use in 1926. The present Sanatorium has accommodation for 16 patients. In addition to the beds at Whitley, the Corporation rent two beds at the Southport Sanatorium. When the new Sanatorium at Whitley is ready for occupation, it will be practicable to discontinue the renting of beds at Southport.

TABLE XII.

Additional Figures relating to Sanatorium Treatment.

	Whitley		Southport	
Number of Cases in Sanatoria	M	F	M	F
1st January, 1925	7	7	1	1
Number of Cases in Sanatoria ...				
31st December, 1925 ...	10	7	1	1
Results of Treatment (Pulmonary) :—				
Quiescent	—	—	—	1
Improved	6	4	2	1
No Change	2	—	1	—
Died	5	2	—	—
Results of Treatment (Non-Pulmonary) :—				
Quiescent or Arrested ...	—	—	—	—
Improved	6	3	—	—
No Material Improvement ...	2	—	—	—

The death rate at Whitley is rather high, but this is explained by the fact that most of the cases when admitted are advanced.

Treatment of Pulmonary Tuberculosis by means of drugs does not appear to have made any progress during the past year. Vaccines and sera prepared in various ways, some secret, others well-known, have been extensively tried in Sanatoria, but without any decided success. Tuberculin is not now used as a therapeutic agent against Pulmonary Tuberculosis except in isolated Institutions. Certain medical observers have reported favourably concerning Spahlinger's method of treatment, but as very little of the sera which he uses has been prepared, the method has not been employed on a sufficiently extensive scale to warrant a definite decision for or against its utility. Sanatorium treatment, based not on drugs or the products of the Tubercle Bacillus, but on fresh air, sunshine, good feeding and generally a rational hygiene, still holds the field as the most hopeful method of tackling this disease. This is not to say that Sanatorium treatment gives satisfactory results, but it does give more satisfactory results than any other method of treatment. As an adjunct to Sanatorium treatment may be mentioned the Artificial Pneumothorax. The Health Committee have already given authority for the necessary apparatus to be purchased for use at Whitley Sanatorium.

The method of treatment of cases of Surgical Tuberculosis is on a much more satisfactory footing. A large proportion of these cases do exceedingly well if the patient will endure the necessarily lengthy treatment. Generally two or three patients suffering from Tubercular Disease of the hip or spine are accommodated at Whitley. The treatment of Lupus is now much more hopeful since the advent and extended use of Ultra-Violet Rays. During the year, however, one considerable difficulty was experienced in connection with the treatment of our few Lupus cases by Ultra-Violet Rays. No apparatus for this purpose has been available in Dewsbury, and in consequence, cases had to be referred to Leeds. The necessary travelling expenses to Leeds twice or three times a week deterred patients in certain cases from taking advantage of this highly useful method of treatment. Fortunately, an Ultra-Violet Rays Apparatus is shortly to be installed at the Dewsbury General Infirmary.

Occasional cases of Non-Pulmonary Tuberculosis are accommodated at hospitals in Leeds and Bradford as well as at the Dewsbury and District General Infirmary.

CANCER.

During the year the deaths from Cancer numbered 67, or 11 less than in 1924.

The death-rate from this disease per 1,000 of the population for the past ten years are as follows :—

TABLE XIII.

1916	...	1.08	1921	...	1.31
1917	...	1.13	1922	...	1.17
1918	...	1.19	1923	...	1.35
1919	...	1.38	1924	...	1.30
1920	...	1.23	1925	...	1.22

TABLE XIV.

Deaths from Cancer in Municipal Wards.

	M.	F.	Total.	Death Rate.
Dewsbury	11	16	27	0.94
Ravensthorpe	4	7	11	1.57
Earlsheaton	7	7	14	1.86
Thornhill	5	10	15	1.27
Totals ...	27	40	67	1.22

Table XV.

The deaths from Cancer occurred at the following ages :—

Age Period.	M.	F.	Total.
20 to 35 years	2	1	3
35 to 45 years	1	3	4
45 to 65 years	19	20	39
65 years and over	5	16	21
Totals ...	27	40	67

Table XVI.

Sites of Fatal Cancer.	M	F	Total
Stomach	5	7	12
Uterus	—	13	13
Vulva	—	1	1
Breast	—	2	2
Intestinal Tract	2	5	7
Liver	1	5	6
Mouth and Pharynx ...	2	—	2
Tongue	1	—	1
Bones	—	—	—
Skin	—	—	—
Larynx	—	—	—
Ovary	—	—	—
Rectum	4	4	8
Kidney	—	1	1
Bladder	1	1	2
Pancreas	2	—	2
Oesophagus	4	—	4
Lung	1	—	1
Peritoneum	—	1	1
Umbilicus	1	—	1
Neck	2	—	2
Endocardium	1	—	1

It will be seen from the Table of death-rates from Cancer during the last ten years, that taking five-year periods, and without for the moment discussing the age-distribution of the population, there is a tendency in Dewsbury for the death-rate from this disease to increase.

Thus the average death-rate from Cancer during the years 1915–19 was 1.20; that during 1920–4 was 1.27, while during 1925 it was 1.22. An increase amounting to 5.8% therefore occurred in the second five-yearly period as compared with the first. The death-rate from Cancer during 1925 was definitely less than for the quinquennium 1920–4. It is doubtful whether the increase shown in the second five-yearly period represents a true increase, at any rate to the extent indicated, since the age-distribution of the population has altered somewhat in the direction of a slightly older population during the last few years. This phenomenon is due partly to the losses of younger lives during the War and partly to the general decline in the birth-rate, which has been occurring for a number of years.

As Cancer is predominantly a disease of middle and old age, it is only natural to expect a larger number of deaths from this cause in an old population than in a young one. To take, perhaps, an extreme example of this, if we could conceive of a garden-suburb inhabited solely by young married couples and small children, it would be found that the Cancer death-rate would approach vanishing point; whereas in a watering place whose population consisted mainly of elderly people, the Cancer death-rate would be expected to be very high. Hence, in considering statistics of this kind, the age-distribution of the population is a factor which cannot be neglected, if an accurate comparison is to be instituted between death-rates taken at widely separated periods of time when, for various reasons, the population may, as regards age, have altered its characteristics.

A great amount of research has taken place during the year in regard both to the causation of Cancer and to its cure. Prominent amongst these may be mentioned the researches of Gye into causation, and the interesting investigations into treatment with lead compounds which have been engaging the attention of Blair Bell and his colleagues at Liverpool for some years. In the meantime, the only available method of preventing deaths from Cancer, and of prolonging the lives of those suffering from the disease, is early diagnosis and immediate surgical intervention. The idea which is widely prevalent amongst the people that the diagnosis of Cancer, *at any stage*, is equivalent to a sentence of death, is grossly

erroneous, and the strongest possible efforts should be made to dispel it. Both the general practitioner and the Public Health Departments can render valuable assistance in this work by propaganda amongst the people. It is sometimes suggested that lectures on the early signs and symptoms of Cancer to public audiences would give rise to alarm—Cancerophobia. A two-fold reply can be given to this suggestion. People are already thoroughly alarmed at the very mention of this disease, and propaganda regarding Cancer, when properly established, would in all probability cause no greater alarm than the measures which have already been in force for many years for the control of Tuberculosis. In any case, an increase in the fear of Cancer amongst the general population would be a small price to pay for a decrease in the death-rate from the disease, which would assuredly follow more early diagnosis and appropriate surgical treatment.

In accordance with the view expressed above as to the usefulness of propaganda for the purpose of endeavouring to secure early treatment of Cancer patients lectures on the early signs and symptoms of this disease have been given from time to time in the Borough during the year, by the Medical Officer of Health.

AN ANALYSIS OF THE CAUSES OF THE DEATHS OF INFANTS IN DEWSBURY DURING 1925.

The infantile death-rate during the year was 105.7. This is, regrettably, a considerable increase over the rate for 1924. An increase had also to be recorded for the year 1924 as compared with the preceding year.

As usual, a difference exists between the death-rate for male children and for female children. Out of a total of 100 infant deaths, 66 occurred amongst boys and 34 amongst girls. It is the experience throughout the whole country that, while more boy babies are born than girl babies, the balance is redressed by the higher mortality rate amongst the boys. The actual cause of this phenomenon is not known. Returns for 1925 show a larger preponderance of male infant deaths over female than is normally the case.

The death-rate amongst illegitimate infants is generally found to be considerably higher than in babies who are legitimate. Naturally, the economic circumstances of the average unmarried mother are much worse than those of the married, and this factor operates in the direction of lessening the possibility of the infant receiving the care and attention which are necessary for survival. During 1925 the illegitimate infantile mortality rate was 161.8 as compared with 166 in 1924.

Although the general infantile mortality rate has increased, the mortality rate of infants under the age of 1 month shows a very remarkable decline. This rate is often termed the neo-natal death rate. In 1924, 50.5% of the total deaths of infants under one year of age occurred during the first month of life, while in 1925 only 38% died in the first month. As the neo-natal death-rate is the part of the general infantile mortality rate which has shown little decline throughout the country for many years, the figure given above may be considered very satisfactory, but a decrease in the neo-natal death-rate coinciding with an increase in the general infantile death-rate is a phenomenon which is difficult of explanation.

An analysis of the percentage of deaths during each of the first four weeks of life as compared with the infantile

mortality for the whole year, gives the following figures :— 1st week, 24% ; 2nd week, 4% ; 3rd week, 3%, and 4th week, 7%. It is thus apparent that 63.1% of all infantile deaths in Dewsbury occurring during the first month of life, took place in the first week. Such environmental conditions as feeding and the housing of the family can have no appreciable effect on deaths during the first week of life, and an explanation must be sought in the condition of the infant at birth. Out of the 24 deaths of infants in the first week of life, 13 were due to Premature Birth, 5 to causes associated with Debility, 3 to Congenital Defects and 1 each to Malnutrition, Convulsions and Atelectasis.

Taking the infantile death-rate for the whole year, it is found that 18% is accounted for by Premature Birth, 14% by Bronchitis, 11% by Broncho-Pneumonia, 9% by Gastritis and Enteritis, and 7% each by Measles, Debility, Congenital Defects and Convulsions. Grouped together, Respiratory Diseases caused the greatest proportion of deaths in infants (25%), while Premature Birth comes next with 18%. Undoubtedly Respiratory Diseases are largely preventable. One factor which is responsible for a large proportion of these deaths is atmospheric pollution which occurs to a wholly unnecessary extent in the Borough. It is certainly worth while to make energetic attempts to deal with this question, as the malign influence of atmospheric pollution exerts a deleterious effect on health, not only in infancy, but at all ages. Nor is the number of deaths due to this cause the sum total of the mischief which is thereby occasioned. Statistics compiled by the Insurance Commissioners show that diseases of the respiratory system are one of the principal causes of invalidity. Smoke pollution can be largely minimised by means at present at hand, viz. :—as regards factories, by efficient stoking, the use of the proper kinds of coal and the installation of modern types of boilers and furnaces ; as regards domestic chimneys by the substitution of the gas fire and gas cooker in place of the wasteful and dirty coal fire, and by the more prevalent use of smokeless fuel in the present grates. The proposals of the Electricity Commissioners recently issued would appear to envisage the day when this country will follow the example of the United States in the wider use of electricity for the provision of motive power in mills and factories. An extended use of gas and

electricity in the factory and in the dwelling house will undoubtedly be followed by a reduction in the respiratory death and invalidity rates. Steps which can at once be taken towards a reduction in smoke pollution in Dewsbury include the laying down of a much smaller hourly period for smoke emission (at present 10 minutes), and a much more drastic enforcement of the regulations in regard to the time limit. A smoke limit of ten minutes per hour is far too high for any manufacturing town, and is, in fact, exceptional in this country. The domestic chimney must be held to merit a large share of the blame for atmospheric pollution. To minimise this evil, attempts should be made to popularise gas-fires and gas-cookers throughout the town. The Corporation might well set the example by an extended provision of gas installations in their housing schemes.

Premature Birth is due, in most cases, to the condition of the mother during or prior to the period of gestation. The condition of the infant at birth depends very largely upon the health of the mother, her nutrition, the nature of the confinement and her physical conformation. Adequate ante-natal care is therefore essential if premature births are to be reduced to a minimum. As previously indicated, 38% of deaths of children under one year occurred in the first month of life, and 62% in ages between one month and twelve months. Broadly speaking, the causation of the last-named group of deaths must be sought in environment, and it is this group in which the rise in the infantile mortality during the year 1925 occurs. It is first to be noted that a very appreciable, though smaller, increase occurred in 1924 in the general infantile mortality rate. To arrive at an explanation, it is necessary to consider whether there has been any appreciable change for the worse in the environment of infants in Dewsbury in the year 1925 as compared with the environment of (say) 1923. The infantile mortality rate in 1923 was 82.8 per 1,000 born ; in 1924 it was 89.04, and in 1925, 105.7. General sanitation and housing are certainly no worse than in 1923, although, as regards housing, not better. The birth-rate has risen from 17.05 in 1923 to 17.26 in 1925. The activities of the Child Welfare Clinics have been in full operation during the year. No epidemics of infantile diarrhoea have occurred. One environmental factor has, however, changed very much

for the worse. I refer to the unexampled trade depression which prevailed throughout the Borough during the year. The economic circumstances of a great majority of the working-class families in the town were accordingly poor, and the general standards of living were depressed much below the average of the preceding years. An exact estimate of the depression in the trade of Dewsbury is not possible, but a useful criterion may be found in the figures for unemployment during the years 1923 to 1925. I am indebted to Mr. Alfred Heaton, the Manager of the Local Labour Exchange, for the following figures, which enable a rough comparison to be nstituted between the state of trade in these three years :—

Numbers on Live Register at Employment Exchange in December of each year 1923–5.

	Men	Women	Boys	Girls	Total
1923 ...	895	369	56	47	1367
1924 ...	1374	801	50	55	2280
1925 ...	1475	881	17	65	2435

The impression conveyed by these figures is confirmed by the opinions of employers and others, who consider that trade depression during 1925 was worse than for many years. In 1923 therefore, the state of trade was moderately good ; in 1924 it was worse, and in 1925, worse still. An abnormal degree of poverty can affect the infantile mortality rate in several ways. The nutrition of the mother suffers, and as an immediate consequence, she is unable to breast-feed her infant. A decline in the amount of breast-feeding was very noticeable as far as mothers attending the Child Welfare Clinics were concerned, and this persisted in spite of efforts on the part of the Staff to encourage natural instead of artificial feeding of infants. In these circumstances, the infant is fed on cow's milk, dried milk or a patent food. As regards mothers regularly attending the Clinics, advice and help can be given which render artificial feeding not unsatisfactory. Unfortunately, only a proportion of the babies born attend the Child Welfare Clinics even once, and regular attenders are still fewer. During the year, 439 of the babies born in 1925 attended at least once at the Clinics, and the total number of babies born was 946. One attendance at a Clinic is of very little use, but even counting such cases, the death rate amongst "Clinic" babies was much less than the general infantile mortality rate.

Every effort is made by the Health Visitors to induce all mothers to bring their infants regularly to the Child Welfare Clinics. "Clinic" babies who are not breast-fed receive dried milk of various kinds, and in most cases do well on them if the mother is carefully supervised. An additional advantage as far as the parents are concerned is that dried milk is supplied at cost-price, half-price, or free, according to an approved income scale. There is therefore no reason why infants should die owing to their resisting powers to disease being impaired by improper feeding.

When there is considerable poverty, "Non-Clinic" babies feel the pinch in common with the rest of the family. The food given is either deficient in quantity or inferior in quality, and the infant, suffering as he does from chronic under-nutrition or mal-nutrition, has his resisting powers greatly decreased, and, in a number of cases, succumbs to digestive troubles or other diseases.

In addition to an impairment in nutrition, poverty lowers the general standard of the home environment. A tendency naturally exists to remove, if possible, to cheaper accommodation, or to reduce further the air-space available to each person, by taking in lodgers. The child's clothing becomes poor, the warming of the house becomes less effective, and medical attention may be delayed owing to cost. These last-named menaces to the health or life of the infant apply more or less equally to "Clinic" babies as well as "Non-Clinic" babies.

TABLE XVII. Causes of Infantile Mortality in Dewsbury during 1925.

CERTIFIED CAUSES OF DEATH.	Under 1 week.		1–2 weeks.		2–3 weeks.		3–4 weeks.		Total under 4 weeks.		4 weeks and under 3 months.		3 months and under 6 months.		6 months and under 9 months.		9 months and under 12 months		Total Deaths under 1 year.		TOTAL.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Whooping Cough ...															1		1	1	2	1	3
Measles														1	3	1		2	3	4	7
Tuberculosis of Lungs ...								1		1										1	1
Meningitis																1				1	1
Bronchitis					1		1		2		1	2	4	1	3		1		11	3	14
Broncho-Pneumonia ...								1		1	3	1	1			2	2	1	6	5	11
Influenza														1						1	1
Diarrhoea															1				1		1
Gastritis and Enteritis ...											3	1		1	1		2	1	6	3	9
Premature Birth	6	7	3				1		10	7	1								11	7	18
Debility, etc.	3	2			1				4	2	1								5	2	7
Congenital Defects ...	1	2	1						2	2	1		1		1				5	2	7
Malnutrition, Marasmus, &c.	1								1		1		1						3		3
Dentition															1				1		1
Rickets																	1		1		1
Congenital Syphilis											1		1						2		2
Septicaemia							1		1										1		1
Convulsions	1							1	1	1	2	1			2				5	2	7
Atelectasis		1								1										1	1
Spina Bifida						1				1										1	1
Suffocation											1								1		1
Cellulitis							1		1										1		1
Ill Defined Causes											1								1		1
Totals	12	12	4		2	1	4	3	22	16	16	5	8	4	13	4	7	5	66	34	100

Table XVIII.

Infantile Mortality in the various Districts :—

	1925	1924	1923	Average for 10 years
Dewsbury Old Borough	118.2	97.4	111.5	116.79
Ravensthorpe	107.4	71.9	67.67	102.7
Earlsheaton	42.7	105.7	60.3	76.25
Thornhill	108.5	100.8	46.40	107.56
Whole Borough ...	105.7	89.1	84.97	100.82

Table XIX.

Infantile Mortality in various Wards and Comparisons with Density of Population.

WARDS.	Estimated Population middle of 1925.	Persons per acre.	Rooms per person.	Births	Birth Rate.	Infantile Mortality.	Deaths.	Death Rate.
All Saints ...	5320	13·7	0·90	90	16·9	111·1	82	15·4
Earlsheaton ...	7495	6·7	0·89	115	15·3	42·7	102	13·6
Ravensthorpe ...	6975	20·5	0·89	120	17·2	107·4	107	15·3
St. John's E. ...	6620	19·3	0·72	159	24·0	106·9	142	21·4
St. John's W. ...	2950	6·1	0·89	61	20·6	114·7	38	12·8
Thornhill N. ...	6924	9·0	0·96	114	16·4	105·2	107	15·4
Thornhill S. ...	4904	1·8	0·79	62	12·4	112·9	49	9·8
Trinity N. ...	6244	27·5	0·98	99	15·8	111·1	93	14·8
Trinity S. ...	7358	40·3	0·90	126	17·1	142·8	103	13·9

The Table on the previous page (Table XIX.), shows the infantile mortality in the various Wards together with statistics as to the birth-rate, number of persons to the acre, and average number of rooms per person. No very definite correlation can be expected to obtain between infantile death-rates and the number of persons to the acre and average number of rooms per person, as obviously very many other factors enter into the question of the deaths of infants, such as the type of house and kind of accommodation therein, the financial circumstances of parents and their level of intelligence, the topographical situation of the district, etc. The investigations conducted by your previous Medical Officer of Health (Dr. Holden), would appear to show that the death-rate amongst infants living in back-to-back houses is greater than amongst infants living in houses where there is through ventilation, and this result is in conformity with general experience.

CAUSES OF DEATH IN CHILDREN FROM BIRTH TO FIVE YEARS OF AGE.

This enquiry has been carried on since 1922, and it is proposed to continue it in a slightly modified form.

Children who survive the first year of life have a greatly increased possibility of reaching adult years, since the death-rate in any one year of life is enormously the greatest during the first twelve months. During 1925 the general death-rate of the whole population of Dewsbury, including infants, was 15.0; the infantile mortality rate was 105.7. As the child's personal radius of action increases through its growing ability to walk and run, so it comes more and more into contact with the environment of the district in which it lives. Risk to life in certain directions is therefore increased, especially if the environmental conditions of the town are unsatisfactory, or the child improperly clothed. In other directions risk has decreased; there is less danger from diseases of the digestive organs, and the effects of prematurity, if occurring, have probably passed off by the time the child reaches its first birthday. On the whole, the chances of survival greatly increase after the first year.

Deaths during the remainder of the period, from one to five years, are, excluding accidental causes and a few cases of congenital defects, due to environmental conditions, using the term in the broad sense.

TABLE XX. 1924—1925.

WARD.	BIRTHS. Through Houses.	BIRTHS. Not Through Houses.	BIRTHS. Percentage of Births in Not Through Houses.	DEATHS. Through Houses.	DEATHS. Not Through Houses.	DEATHS. Percentage of Deaths in Not Through Houses.
Dewsbury ...	105	347	76.7%	7	51	87.9%
Soothills ...	30	78	72.2%	1	4	80.0%
Thornhill ...	78	92	54.1%	11	8	46.8%
Ravensthorpe	43	74	63.2%	7	8	53.3%
	256	591	69.7%	26	71	73.1%

TABLE XXI. 1920—25.

WARD.	BIRTHS. Through Houses.	BIRTHS. Not Through Houses.	BIRTHS. Percentage of Births in Not Through Houses.	DEATHS. Through Houses.	DEATHS. Not Through Houses.	DEATHS. Percentage of Deaths in Not Through Houses.
Dewsbury ...	679	2083	75.4%	50	246	83.1%
Soothills ...	222	514	69.8%	21	50	70.4%
Thornhill ...	483	557	53.5%	36	47	56.6%
Ravensthorpe	236	426	64.3%	22	44	66.6%
	1620	3580	68.8%	129	387	75.9%

TABLE XXII.

Deaths, 1925.

	Deaths	Housing		Attended Clinic		Attendance at Birth		Doctor and Midwife	Full time Baby		No Details	Births during same period
		N.T.V.	T.V.	Yes	No	Doctor	Midwife		Yes	No		
Dewsbury	60	49	11	17	43	22	33	5	42	7	11	537
Earlsheaton	8	6	2	4	4	8			5	2	1	115
Ravensthorpe	12	11	1	3	9	2	9	1	5	7		183
Thornhill	23	9	14	6	17	20	3		22	1		132
	103	75	28	30	73	52	45	6	74	17	12	967

Tables XX. and XXI. given above indicate that for the year 1925, 69.7% of all the births in the County Borough occurred in the families of persons living in not through houses, while the percentage of deaths was 73.1. For the five years 1920–25, the corresponding figures were 68.8% and 75.9%. As the figures for any one year are comparatively small, the percentages for the much larger number of births and deaths spread over five years are much less liable to error, and may be taken as a statistical indication of some value of the additional risk of death to which a child is subject when born in a back-to-back house. Although no numerical evidence is available, it seems fair to argue that the risk of contracting disease is also greater amongst babies living in houses without through ventilation.

DEATHS OF INFANTS WITHIN ONE YEAR OF BIRTH.

A summary of the diseases or defects which caused the deaths of infants under one year of age during 1925, is given in Table XVII. Table XXII. shows, *inter alia*, the proportions of babies who ultimately died in the various districts who attended the Child Welfare Clinics and those who did not. A baby who was brought to the Clinic even once is counted as having attended, although the beneficial effect of one attendance is naturally extremely small. During the period under consideration there were 967 births and 103 deaths. Of the 103 infants who died, 30 had attended the Child Welfare Clinics at least once, while 73 had not attended.

STILL BIRTHS.

During the year 44 Still Births were brought to the notice of the Health Department, giving a proportion of 1 still-born child to 21.5 born alive, or a percentage of 4.6.

This figure for the number of still-births is 11 less than in 1924.

As the notification of still-births is not compulsory, the figures given cannot be relied upon to be strictly accurate, but as the Staff of the Maternity and Child Welfare Department generally hear of the results of the various pregnancies, it is unlikely that there is any serious discrepancy.

The following facts associated with still-births, may be of interest :—

Method of Delivery :—

By Doctors ...	22	By Midwives ...	20
By Others ...	1	Born before arrival	1

Among the abnormalities found were :—

Hydramnios ...	1	Caesarian Section	2
Prolapse of Cord	3	Placenta Prævia ...	2
Macerated Foetus	8		

Gestation :—*Full Time*, 18 ; *Eight Months*, 4 ; *Seven Months*, 6 ; *No Data*, 13.

The Still Birth Rate (per 100 births) for the past ten years has been :—

1917	1918	1919	1920	1921	1922	1923	1924	1925
4.6	4.3	4.07	4.4	4.6	6.6	5.5	5.1	4.6

Four Still Births occurred at the Staincliffe Institution, 6 at the Moorlands Maternity Home and 34 in private houses.

MATERNAL MORTALITY.

The Maternal Mortality rate for Dewsbury for 1925 was 3·2 per 1,000 births, and this is the smallest rate so far recorded. For 1924 it was 9.8 and for 1923, 8.4. Since 1911, the Maternal Mortality rates have been as follows :—

TABLE XXIII.

Pre-War Period		War Period		Post-War Period	
1911	7.7	1915	9.2	1919	7.6
1912	9.1	1916	8.9	1920	7.0
1913	11.1	1917	3.2	1921	8.3
1914	7.6	1918	7.6	1922	8.9
	8.87		7.2		7.9

Although there is no notification of Pregnancy, many cases are voluntarily notified to the Health Visitors during the course of their routine work in the various districts. Accommodation for confinements at home is extremely inadequate, and this is only to be expected in view of the unsatisfactory housing conditions in the district. Parturition is a physiological function which, however, under unsuitable conditions can rapidly become pathological. A large number of confinements have, perforce, to take place in the kitchen or

living room, and this is unfortunate from the point of view of the mother and unedifying for other members of the household. The advantages of institutional care at this critical time are obvious ; not least amongst them is that the mother can be removed for a time from the cares of a family, and fully recuperate after her ordeal, for a proper length of time in restful surroundings. To a woman confined at home the temptation to get up too soon to attend to her baby and the remainder of the family is often great, and in any case, household worries are referred to her even immediately after the confinement.

Recognising the desirability of proper provision for maternity cases, the Maternity and Child Welfare Committee opened the Moorlands Maternity Home in November, 1924, and experience has now been had of a full year's working of this institution.

A reasonably accurate estimate can be arrived at in regard to accommodation in Dewsbury available for confinements, by deducting the number of births at the Municipal Maternity Home and at Staincliffe Institution from the total number of births registered during the year. The remainder will give, with a fair degree of accuracy, the number of infants born in private houses. On this basis the figures are as follows :—

Number of Births occurring in Maternity Home ...	176
,, ,, ,, at Staincliffe Institution	12
,, ,, ,, in Private Houses ...	758
Total ...	946

Hence in 1925, 20% of births took place in Institutions, and 80% in private houses. In 1924 the corresponding figures were 2.95% and 97.05%. A vast increase has therefore taken place in the proportion of confinements occurring in Institutions, representing, on the whole, a very great improvement in the conditions under which confinements take place.

NOTIFICATION OF BIRTHS ACT, 1915.

Births Notified by Doctors	380
Births Notified by Midwives	558
Births Notified by Others	30
	968

The total number of births registered was 946, so that the percentage of notification to total births was 102.3, *i.e.*, in some cases notification was made by two of the parties concerned. A few cases, all attended by Doctors, were not notified.

REASONS FOR SENDING FOR MEDICAL AID.

Under the Regulations of the Central Midwives Board, a midwife is required to send for a medical practitioner in certain eventualities. During 1925 the reasons for sending for medical help, arranged in groups, were as follows :— Delayed Labour, 11 ; Torn Perinium, 9 ; Abnormal Presentation, 12 ; Complications of Labour, 12 ; Complications after Labour, 1 ; Abnormality of Child, 9 ; Other Causes, 1.

THE WORK OF THE MATERNITY AND CHILD WELFARE CENTRES.

Child Welfare Clinics are held on three sessions a week ; two at the Town Hall on Wednesday afternoons and Saturday mornings, and one at the Thornhill Council Offices on Thursday afternoons. All sessions are attended by a doctor. Health Visitors are in attendance at the Town Hall Clinic each morning from 9 to 10.15, and on Saturdays from 9 to 10.30 o'clock, for the purpose of interviewing and advising mothers. The primary objects of these Clinics are advisory and educational. Mothers are instructed in the proper methods of feeding and clothing the baby and its general management, and babies are weighed and their general progress noted.

Dried milk is provided at the Clinics for needy mothers, the price charged being regulated by an income-scale, which has been approved by the Ministry of Health.

One very important part of the work of a Child Welfare Clinic is the encouragement of natural as against artificial feeding. The natural food of a baby is its mother's milk, and provided that the mother is healthy and is in a position to obtain an adequate dietary, the child thrives very much better, in all but exceptional cases, on breast-milk than on any of the many artificial foods on the market. Two conditions, obtaining in Dewsbury at present, militate against the natural feeding of infants, viz. :—bad trade, with consequent undernutrition of many of the mothers, and the employment of

mothers in the mills. From the industrial and economic points of view it may be essential under present conditions for nursing mothers to be employed in our mills in order to supplement the wages of their husbands. Considering the matter from the standpoint of the health of the young baby, the substitution of employment for the most primary of maternal duties, viz. :—the natural feeding of the infant, is productive of much harm. Sometimes it is possible for a mother so employed, to breast-feed her baby two or three times a day, with supplementary feeds of some other food, but in the majority of cases, experience shows that the resumption of employment is the beginning of the end, as far as breast-feeding is concerned.

The various kinds of dried milks are, where necessary, prescribed for the artificial feeding of infants. A minimum of treatment is carried out at the Clinics, but artificial nutritives, such as Virol, and simple laxatives such as Virolax and Liquid Paraffin, are used in suitable cases.

Children who are found to be suffering from any disease or defect which requires medical or surgical attention, are referred to private practitioners, the Dewsbury General Infirmary, or hospitals in Bradford or Leeds. The greatest difficulty which has been experienced is in connection with obtaining treatment for cases of rickets, of which disease there is a great amount in the Borough. Deformities due to rickets are very susceptible to treatment during the earlier years of a child's life, and permanent crippling can in many cases be prevented, generally by conservative, but sometimes by operative treatment, before the effects of the disease have gone very far. An Orthopaedic Scheme, possibly run in conjunction with the Tuberculosis and School Medical Departments, would be of very great value in this town. The accommodation at the Dewsbury General Infirmary is already severely strained to take ordinary medical and surgical cases, and with the most earnest desire to co-operate with us, this Hospital can only take very few patients. The Bradford Children's Hospital has been of very considerable help in connection with this difficulty, and I would like especially to express my indebtedness to Mr. Basil Hughes, F.R.C.S., of that Hospital, for the most valuable assistance he has afforded me in dealing with crippled children.

A few beds, rented at an outside Hospital such as the Bradford Children's Hospital, would be of great utility in dealing with this problem.

In general, co-operation between the Maternity and Child Welfare Department and the School Medical Service, is, in Dewsbury, very complete, as the Medical Officer of Health, who takes most of the Child Welfare Clinics, is also School Medical Officer, and records are readily available for transfer from one Department to the other.

TABLE XXIV.

Clinic Attendances.	Dewsbury	Thornhill	Totals
Total Attendances at Clinic ...	6682	2088	8770
Primary Attendances	414	87	501
Cases seen by Doctors	2817	805	3622
Prospective Mothers	536		

The primary attendances exceeded those in 1924 by 34. Cases seen by a Doctor were 339 less, while 47 more prospective mothers attended.

The Supply of Dried Milk, &c., at the Clinics.

With the exception of one nursing mother who was supplied with liquid milk for a short time, all the milk prescribed at the Clinics was dried milk.

TABLE XXV.

Dried Milk.—Pounds Weight.

	Given. Free. lbs.	Half-price. lbs.	Cost Price. lbs.	Total Weight. in lbs.	Nett Cost. £	s.	d.
January ...	155	521	318	994	16	14	0
February ...	132	456	260	848	14	16	0
March ...	160	465	279	904	16	13	0
April ...	189	481	292	962	18	18	0
May ...	183	470	269	922	18	15	0
June ...	173	399	202	774	17	18	0
July ...	204	498	222	924	22	4	0
August ...	168	435	176	779	19	1	6
September ...	143	336	193	672	14	6	0
October ...	142	337	226	705	13	8	6
November ...	145	237	204	586	11	14	0
December ...	183	265	266	714	13	14	0
	1977	4900	2907	9784	198	2	0

The total cost of dried milk throughout the year shows an increase on the previous year of £50 10s., in spite of the fact that the amount distributed was 487 pounds less than in 1924. As trade was very bad, the amount of milk given free or sold at half price shows a considerable increase on the figures for the preceding year. Fluctuations in the amount of dried milk supplied at the Clinics free or at half price are an accurate and immediate index of the state of employment in the town. An income scale was adhered to and arrangements were made to verify the incomes stated on the application forms for dried milk.

The dried milks supplied were :—Cow and Gate, full and half cream ; Glaxo ; Prescription Glaxo, and Ambrosia.

Other substances provided were :—

Virol to 946 babies. Virolax to 286 babies.
Cristolax to 243 babies.

The actual amounts of the above substances distributed were :—

Virol, 812 lbs. Virolax, 314 tins. Cristolax, 248 tins.

In addition, Cod Liver Oil and Liquid (Medicinal) Paraffin were purchasable at the Clinics at cost price.

TABLE XXVI.

The Work of the Health Visitors.

	Trinity North and South District.	Thornhill North and South District.	Earlsheaton and All Saints' District.	Ravensthorpe and St. John's E. & W. District.	TOTALS.
Births, 1st visits	228	143	181	332	884
„ revisits under 1 year ...	1302	746	1344	1415	4807
Still Births	13	4	8	17	42
Ante-Natal Visits	166	140	95	135	536
Ophthalmia Cases	1	2	2	2	7
Pneumonia Cases	8	10	6	16	40
Other Visits—Puerperal and Financial Enquiries ...	1	6	12	10	29
Visits to Children 1–5 years ...	2393	2261	2431	2475	9560
	4112	3312	4079	4402	15905

The total number of visits paid during 1925 shows an increase of 2037 on the figure for the previous year. In addition to the numbers given in Table XXVI., Nurse M. Mahon paid 72 visits to the Almhouses.

Table XXVII.

The following Table gives the population, area and number of births in respect of each district :—

	Acreage.	Population.	Births.	Percentage of Births Visited.
Trinity North and South	412	13602	225	95.6%
Thornhill North and South	3607	11828	176	91.4%
Earlsheaton and All Saints'	1500	12815	205	94.1%
Ravensthorpe and St. John's East and West	1201	16545	340	97.0%
	6720	54790	946	94.9%

Table XXVIII. gives the number of children who attended the stated number of times at the Child Welfare Clinics.

TABLE XXVIII.

Dewsbury.

Number of Attendances made.																over	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16	Ttl.
270	122	71	47	32	32	29	20	16	18	7	11	14	7	5	6	41	748

Thornhill.

															over		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16	Ttl.
49	15	18	17	9	6	5	7	4	6	6	3	4	3	3	3	20	178

Dewsbury and Thornhill Combined.

															over		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16	Ttl.
409	137	89	64	41	38	34	37	20	24	13	14	18	10	8	9	61	926

Table XXIX.

The Housing Conditions of mothers who attended the Clinics is given in the following Tables.

A. Dewsbury	Number of Rooms					Rentals			
	1	2	3	4	over 4	2/- per wk. or under	2/- to 3/- per week	3/- to 5/- per week	Over 5/- per week
Attended Clinic ...	58	268	299	66	57	13	110	494	131
Total Births	39	199	228	65	103				

Type of House—N.T.V.—640 T.V.—108

B. Thornhill	Number of Rooms					Rentals			
	1	2	3	4	over 4	2/- per wk. or under	2/- to 3/- per week	3/- to 5/- per week	Over 5/- per week
Attended Clinic ...	2	31	102	28	15	2	25	134	17
Total Births	3	41	57	39	30				

Type of House—N.T.V.—101 T.V.—77

Dewsbury and Thornhill Combined	Number of Rooms					Rentals			
	1	2	3	4	over 4	2/- per wk. or under	2/- to 3/- per week	3/- to 5/- per week	Over 5/- per week
Attended Clinic ...	60	299	401	94	72	15	135	628	148
Total births	42	240	285	104	133				

Type of House—N.T.V.—741 T.V.—185

THE WORK OF THE MOORLANDS HALL MATERNITY HOME.

The Staff of this Maternity Home consists of a Matron, two Staff Nurses and a Probationer Nurse. Fees charged are :— a book-fee of 10/– in all cases, and in addition, 17/6 per week if either the patient or her husband is in receipt of Maternity Benefit under the Insurance Act ; and 30/– per week if Maternity Benefit is receivable by both. There is accommodation for private patients who are charged 4 guineas a week. Cases outside the Borough are charged 3 guineas a week. The usual stay in the Home is a fortnight, but this period can be extended by arrangement. It is evident that the Maternity Home has met a long-felt want in the Borough, as approximately 18% of the total number of births occurring in Dewsbury during the year took place in this Institution. Patients make their own arrangements with their private doctor if required, but in the majority of cases are delivered by the trained Midwives at the Home.

The following Table gives an indication of the work done since the opening of the Home :—

	Year 1925	From 23rd Nov. to 31st Dec., 1924
Number of Beds	10	10
„ of Single Births ...	172	5
„ of Twins (total) ...	4	2
Deaths—Eclampsia	1	—
Puerperal Fever ...	—	—
No. of Cases attended (1) By Doctor	9	—
(2) By Midwives	165	6
Still Births	6	—

The conditions associated with Still Births were as follows : Spina Bifida, 1 ; Macerated Foetus, 2 ; Prematurity, 1 ; Breech Delivery and Asphyxia, 1 ; Other Cause, 1.

BACTERIOLOGICAL LABORATORY.

TABLE XXX.

	Private Practitioners.	Isolation Hospital.	Dewsbury and Dist. Infirmary.	School Clinic.	Other Depts. of Health Services.	Total.
Swabs for Diphtheria ...	109	80	2	51	10	252
Sputa for Tubercle Bacilli ...	94	—	11	—	120	225
Hair for Ringworm	3	—	—	155	—	158
Urine Examinations	44	—	1	2	21	68
Widal Examinations ...	2	—	—	—	—	2
Exams. for B. Anthracis ...	—	—	6	—	—	6
Blood Sugar Tests	1	—	7	—	—	8
Miscellaneous	27	—	12	1	7	47
Total ...	280	80	39	209	158	766

The Bacteriological Laboratory is extensively used by the practitioners in the town, and in connection with the Isolation Hospital, the Dewsbury and District General Infirmary and by the various sub-departments of the Health Department. Its great advantage from the point of view of the general practitioner is that a report can be given on urgent material, *e.g.*, Diphtheria Swabs, in the shortest possible time. Much material was examined during the year from the School Clinic. As a matter of routine the throats of children attending the Schools at whose homes is a case of Diphtheria, were swabbed and a bacteriological examination made. In several cases the reports were positive and the children were excluded from School until further examinations showed the absence of the Diphtheria Bacillus in the fauces.

Examinations for the tubercle bacillus in milk and for the estimation of Bacteria in milk are performed at the County Laboratory at Wakefield, as well as such other examinations (*e.g.*, bacteria in shellfish), as may from time to time be required.

THE MIDWIVES' ACTS.

Regular inspections of midwives' bags, instruments, etc., have been made throughout the year. In all, 18 visits have been paid. No serious breaches of conduct have occurred, although it has occasionally been necessary to call attention to minor lapses. Amongst certified midwives, the standard of practice is satisfactory. The "*bona-fide*" midwives are not so good. In the nature of things women coming under this definition are now becoming old and have neither the aptitude nor inclination to adapt themselves to new methods.

Undoubtedly the so-called "handywoman" is too prominent. Women still cling to the tradition that the services of a friendly neighbour are as efficient at childbirth as the professional assistance of a trained midwife.

No subsidy is now paid to a midwife by the Health Committee, the arrangement in regard to a midwife working in the Ravensthorpe district having been terminated early in the year.

The following midwives were on the Dewsbury County Borough Register on January 1st, 1926:—

Trained:—

Mrs. H. Gibbs, 7, Unity Terrace, Westtown, Dewsbury.
Mrs. N. L. Baxter, 22, Fir Parade, Ravensthorpe.
Miss Edith Spencer, 74, Thornhill Road, Dewsbury.
Mrs. N. Croft, 52, South Street, Savile Town, Dewsbury.
*Mrs. H. R. Woodruff, 19, Branch Road, Batley.

Bona-fide:—

Mrs. H. Squires, 50, Spring Gardens, Earlsheaton, Dewsbury.
*Mrs. Fanny Bailey, 13, Royd Street, Hanging Heaton, Batley.
*Mrs. E. E. Dawson, Eastfield, Northorpe, Mirfield.

*Non-residents.

PROPAGANDA.

A large number of lectures on health subjects have been given throughout the year by members of the Staff of the Health Department, including the Medical Officer of Health, the Chief Sanitary Inspector, the Chief Clerk, and members of the Nursing Staff. These lectures have, for the most part,

been delivered to comparatively small audiences, and have been given in connection with the religious denominations and various societies and associations in the town. The great advantage of frequent lectures given in small halls or rooms is that the lecturer can get into more intimate touch with his audiences than would be the case with lectures to large assemblies; there is an absence of formality and any difficulties or obscurities in the subject can readily be cleared up at the close of the lectures, when questions are invited.

At an Educational Exhibition held in June at the Town Hall, the Health Department furnished a stall at which were shewn posters illustrating health matters, and models of cowsheds and a plant for the hygienic production of milk. During the Exhibition, lectures were given at the Town Hall and in the Schools. Publicity on questions relating to health is now recognised as a necessary adjunct to the other activities of a Health Department. Section 67 of the Public Health Act, 1925, permits sanitary authorities to undertake expenditure in connection with the dissemination of information relating to health either by lectures or by printed matter.

Essentially, propaganda on health is an educational effort directed at the teaching of a few fundamental rules of hygiene which people should observe in order that they may lead healthy lives. Fortunately such rules are easily understood even by the most ignorant, but their importance is in inverse ratio to their simplicity. The great majority of our lectures have been given to adults, and admittedly the education of the adult is in many cases by no means an easy matter, since he not only has to learn, but what is far more difficult, he has to unlearn. If there are any superstitions left in our modern societies—and there are probably many—they largely concern matters affecting the physical health of the individual. Harmful traditions relating to the bringing up of the young child, the care of the mother in childbirth, clothing, ventilation, food, are all part of the mental make-up of the average citizen, and it requires something in the nature of a psychological revolution to uproot ideas of this kind. The influence of relations is frequently much stronger than that of doctor or nurse, and this especially applies to the care of the young child. In all our industrial towns, that pernicious invention the baby's "dummy" still commands a ready sale, and the makers of

patent medicines, soothing syrups and the like, continue to flourish, illustrating to prevalent tendency of human nature everywhere to take a short cut or to follow the line of least resistance. Fresh air is still generally disliked, and, judging from the hermetically sealed windows generally found in dwelling houses, its admission into living rooms or bedrooms is considered to be a grave calamity. The elementary principles of the science of ventilation find little acceptance, and, on the whole, that part of the population with the least room space holds the most rigid ideas on the subject of the dangers of catching cold. In consequence, the children living in overcrowded parts of the town suffer to a greater or less extent from periodic nasal catarrh and mild bronchitis, due in many cases to deficient ventilation in the houses.

It will be seen, therefore, that propaganda on health matters has a very wide field of usefulness. In the case of the adult, the work is frequently disheartening. The child can be more readily trained in health matters, as he has little to unlearn and is more receptive of new ideas. A very favourable field for education in hygiene is found in the elementary schools, and this subject should undoubtedly take a much more prominent part in the curriculum than it does at present.

VENEREAL DISEASES.

Preliminary Return for the Year ended the 31st of December, 1925.

A—Number of cases dealt with for the first time during the year :—

(*a*)	Syphilis	49
(*b*)	Soft Chancre	—
(*c*)	Gonorrhœa	63
(*d*)	Conditions other than Venereal	22
	Total	134

B—Total Attendances of all patients during the year (including intermediate attendance for irrigation, etc.,) 7078.

C—Aggregate number of "In-Patient" days of treatment during the year, 47.

Table XXXI.

Return relating to all persons who were treated at the Treatment Centre at Dewsbury during the year ended the 31st December, 1925.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
1. Number of persons who, on the 1st Jan., 1925, were under treatment for:—	157	71			51	3			208	74
2(*a*) Number of persons dealt with during the year at or in connection with the out-patient Clinic for the first time and found to be suffering from:—										
Syphilis only	27	22							27	22
Soft Chancre only										
Gonorrhœa only					61	2			61	2
Syphilis and Soft Chancre ...										
Syphilis and Gonorrhœa ...										
Gonorrhœa and Soft Chancre...										
Syphilis, Soft Chancre & Gonor.										
Conditions other than Venereal							13	9	13	9
TOTAL—Item 2(*a*)	27	22			61	2	13	9	101	33
TOTAL—Items 1 (*a*) and 2(*a*)...	184	93			112	5	13	9	309	107
2(*b*). Number of cases included in Item 2(*a*) known to have received previous treatment at other Centres for the same infection	1	3			1				2	3
3. Number of persons who ceased to attend the out-patient Clinic										
(*a*) before completing the first course of treatment for		35			22	1	1	5	23	41
(*b*) after one or more courses but before completion of treatment for		7								7
(*c*) after completion of treatment. but before final tests as to cure of										
4. Number of persons transferred to other Treatment Centres after treatment for:—	3				3				6	
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for:—	8	6			39		9	3	56	9
6. Number of persons who, on the 1st Jany., 1925. were under treatment or observation for:—	173	45			48	4	3	1	224	50
TOTAL—Items 3, 4, 5 and 6...	184	93			112	5	13	9	309	107
7. Total attendances of all persons at the ont-patient Clinic who were suffering from:—	657	392			5885	64	60	20	6602	476
8. Aggregate number of "in-patient days" of treatment given to persons who were suffering from:— ...	38				9				47	

	For Detection of			For Wassermann Reaction
	Spirochetes	Gonococci	Other Organisms	
9. Examinations of Pathological Material:—				
(*a*) Specimens which were examined at, and by the Medical Officer of the Treatment Centre ...				
(*b*) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved Laboratory...		234		201

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patient resides.

Name of County or County Borough.	Dewsb'y	West R. C.C.					Total
A. Number of persons from each area dealt with during the year at or in connection with the out-patient Clinic, *for the first time*, and found to be suffering from :—							
Syphilis...	31	18					49
Soft Chancre							
Gonorrhœa	37	26					63
Conditions other than Venereal ...	17	5					22
Total ...	85	49					134
B. Total number of attendances at the out-patient Clinic of all patients residing in each area	4142	2936					7078
C. Aggregate number of "In-patient days" of all patients residing in each area	47						47
D. Number of doses of Salvarsan substitutes given in the :— 1. Out-patient Clinic 2. In-patient Dept. to patients residing in each area	375	297					672
E. Give the names of arsenobenzol compounds used in the treament of Syphilis and the usual initial and final doses	Novarsenobenzol 0·45 initial dose. 0·75 final dose.						
F. State the amount and kind of treatment usually administered to a case of Syphilis of each of the types usually dealt with at the Treatment Centre...	3 doses 0·45 in Primary Course. 3 ,, 0·60 ,, ,, ,, 3 ,, 0·75 ,, ,, ,, 3 ,, 0·60 ,, Secondary ,, 3 ,, 0·75 ,, ,, ,, Hq. Pills, 2 per day. In Secondary Cases of Syphilis 3 doses 0·45. 12 doses 0·60. 12 doses 0·75.						
G. State the nature of tests applied in deciding as to discharge of patients referred to in Item 5 on previous page	Syphilis Cases must have full negative blood for period of 2 years after full course of treatment and full negative blood after Provocative dose of 0·45 N.A.B Gonorrhœa cases must have 2 full negative smears before final tests, i.e., Bougie and Sol. Argent. Nitrate 5 grs. to 1 oz. applied to local lesion and a full negative smear afterwards.						

THE WORK OF THE VETERINARY INSPECTOR.

Mr. F. Hallilay has continued to act as part-time Veterinary Inspector in Dewsbury.

During 1925 he made two visits to each of the premises on which cows were kept for milking purposes, and altogether examined about 723 head of cattle.

He reports that a good healthy class of milk cow is kept in the Borough.

Details of inspections carried out by the Sanitary Inspectors under the Dairies, Cowsheds and Milkshops Orders will be found on page 79.

THE MILK SUPPLY OF THE BOROUGH.

A part of the milk consumed is produced within the Borough area, but a considerable amount is brought into the town by rail or road each day.

Supervision of the milk supply involves, besides attention to the sources from which milk is obtained, a close watch on this product, from the time of production to the time of delivery to the consumer. As milk is perhaps the most easily contaminated of all foodstuffs, the problem of ensuring a clean milk supply is by no means an easy one. The principal sources of pollution are :—from the cow itself at the time of milking, from the hands and clothing of the milkers, from utensils used in transit, and at the home of the consumer. In addition, dirty and dust-laden cowsheds will cause direct contamination of the milk at the time of milking. A clean milk supply therefore, involves careful supervision of the cowsheds themselves and close control during all the stages between the cow and the consumer. Samples of milk are submitted to bacteriological examination at regular intervals in order than an estimate of its condition as regards cleanliness may be obtained. In cases where the bacterial content is high, indicating considerable pollution, a letter is sent to the producer, informing him of the fact, and efforts are made to induce him to reform his methods to the extent necessary to ensure a higher standard of cleanliness.

GRADED MILKS.

Towards the end of 1925, licenses were granted by the Health Committee to two retailers to sell Grade "A" (Tuberculin-Tested) Milk in the Borough. The milk is brought into the town in bulk and is bottled, under license, by one of these firms. The milk, as sold in pint bottles, is retailed at present at 3½d. a pint.

THE TUBERCULOSIS ORDER, 1925.

This Order, which came into force in September, 1925, lays down a procedure to be followed in connection with the diagnosis of tuberculosis in cattle, and the subsequent slaughter of affected cattle, with appropriate compensation to the owners.

Three cows in milk were slaughtered under the provisions of this order during the latter part of the year.

THE MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

The coming into operation of this Act was postponed until a convenient time after the conclusion of the War. It came into operation in September, 1925. As, however, Dairies, Cowsheds and Milkshops Orders under this Act were not issued during the year, little assistance has yet been afforded to local authorities in the control of the milk supply by the passing of the Act. It is hoped that the new Orders foreshadowed in Section 1 of the Act will enable more effective action to be taken in regard to such a matter as the cleanliness of the milk supply.

TUBERCULOSIS IN MILK.

During the last half of the year under review, routine bacteriological examinations were made for tubercle bacilli in milk sold in the Borough. Altogether 13 samples were examined and in 1 of these tubercle bacilli were found, giving a percentage of 7.7 tubercular. Veterinary examination disclosed the cow which was giving tubercular milk, and the animal was accordingly slaughtered under the provisions of the Tuberculosis Order.

HOUSING.

The following Table, copied from the 1924 Report, gives an estimate of the number of houses with through ventilation as compared with the number without through ventilation,

in the whole of the Borough. It will be seen that the percentage of houses without through ventilation is greatest in Ravensthorpe and least in Thornhill. The percentage for the whole Borough is 60.8. It is universally admitted by authorities throughout the country, that houses which do not admit of through ventilation are inimical to the health of the people. The building of back-to-back houses, intended to be used as dwellings for the working classes, was definitely forbidden by Section 43 of the Housing, Town Planning, &c. Act, 1909, and this prohibition was re-enacted in Section 17 of the Consolidated Housing Act, 1925.

As considerably more than half of the dwelling houses in Dewsbury are without through ventilation, it cannot be said that the housing situation in the town as regards quality, is satisfactory. In a previous part of this Report, comments have been made on the gross overcrowding which exists in all parts of the town. Overcrowding in any type of house is bad enough ; overcrowding in houses without through ventilation is very much worse. The housing question in Dewsbury is therefore a problem of considerable magnitude. Its adequate solution will require years of strenuous endeavour, and will necessitate effective action, not only by the Local Authority, but also by private enterprise.

TABLE XXXII.

AREA	Through Houses	Not Through Houses	TOTAL	Percentage of Not Through Houses
Dewsbury Old Borough	3336	3870	7206	53·7
Earlsheaton	556	1410	1966	71·7
Ravensthorpe	597	2327	2924	79·6
Thornhill	939	820	1759	46·6
Dewsbury C.B.	5428	8427	13855	60·8

TABLE XXXIII.

HOUSING RETURN.

Number of new houses erected during the year :—

(*a*)	Total	145
(*b*)	With State assistance under the Housing Acts, 1919 or 1923 :—	
	1. By the Local Authority ...	75
	2. By other Bodies or Persons ...	58

I.—UNFIT DWELLING-HOUSES.

		P.H.A.	H.A.
1.	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,863	87
2.	Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District Regulations) 1910		87
3.	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...		16
4.	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	550	70

II.—Remedy of defects without service of formal Notices.

	Number of defective dwelling-houses rendered fit in consequence of informal action taken by the Local Authority or their officers ...	823	37

III.—Action under Statutory Powers.

A.	*Proceedings under Section* 28 *of the Housing, Town Planning, &c., Act,* 1919:—	5
1.	Number of dwelling houses in respect of which notices were served requiring repairs ...	11
2.	Number of dwelling houses which were rendered fit:—	
	(*a*) By Owners	9
	(*b*) By Local Authority in default of Owners	16
3.	Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intentions to close	1
B.	*Proceedings under Public Health Acts.*	
1.	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	4

P.H.A. H.A.

2. Number of dwelling-houses in which defects were remedied after service of formal notices:—
   (*a*) By owners 3
   (*b*) By Local Authority in default of owners ... ... —

C. *Proceedings under Sections* 17 *and* 18 *of the Housing, Town Panning, &c., Act,* 1909:—

1. Number of representations made with a view to the making of Closing Orders... 11
2. Number of dwelling-houses in respect of which Closing Orders were made 11
3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses being rendered fit ... —
4. Number of dwelling-houses in respect of which Demolition Orders were made ... ... —
5. Number of dwelling-houses demolished in pursuance of Demolition Orders ... ... —

No formal proceedings have been taken under the Housing Act, 1925.

SPECIAL REPORTS TO THE HEALTH COMMITTEE.

I. A Report on the Proceedings of the Thirty-Sixth Congress of the Royal Sanitary Institute.

II. A Report on a Scheme for the Disposal of Refuse.

III. A Report on the Necessity for Additional Home Accommodation at Whitley Sanatorium.

IV. A Report on the Public Health (Meat) Regulations, 1924.

VACCINATION ACTS.

I am indebted to Mr. Tom Sykes, the Vaccination Officer, for the figures given in the following Table:—

TABLE XXXIV.

	Vaccinated	Exempted
Dewsbury and Soothill Nether ...	209	417
Mirfield and Ravensthorpe ...	152	151
Thornhill	56	86

The figures for Mirfield and Ravensthorpe are not given separately.

From this Table it appears that of the babies concerned, 39% were vaccinated and 61% obtained exemption.

In view of the prevalence of Small-Pox in districts situated at no great distance from Dewsbury, it is unfortunate that such a large proportion of the children born are exempted from vaccination.

VOLUNTARY INSTITUTIONS AND ORGANISATIONS.

The Dewsbury Voluntary Nursing Association employs six district nurses who attend subscribers during illness. The President of the Association is the Mayor of Dewsbury, and the Honorary Secretary is Mrs. L. Shaw.

The Dewsbury Day Nursery and Clinic, also run on voluntary lines, is recognied by the Ministry of Health, and receives a grant-in-aid from State Funds. Eightlands House is the headquarters and nursery of this institution. During the year plans were prepared and sanctioned by the Ministry for the remodelling of the bedrooms of some of the Staff.

I am indebted to Miss Hilda M. Lee, the Honorary Secretary, for the following figures for 1925 :—

TABLE XXXV.

NUMBER OF ATTENDANCES.

	Under 3 years.		Over 3 years.		Totals.	
	Full Day.	Half Day.	Full Day.	Half Day.	Full Day.	Half Day.
First Quarter ...	1639	128	94	1	1733	129
Second Quarter ...	926	64	42	4	968	68
Third Quarter ...	1245	109	79	8	1324	117
Fourth Quarter ...	1390	155	95	12	1485	167
Total ...	5200	456	310	25	5510	481

The Dewsbury Voluntary Association for Mental Welfare receives financial assistance from the Dewsbury Corporation (Mental Deficiency and Education Committees), and also from the Board of Guardians. This Association has as its Chairman, Alderman J. Halstead, employs a paid full-time Secretary (Mrs. Atkinson), and the Medical Officer of Health is the Honorary Medical Officer. Its activities include the general supervision of mental defectives of all grades in the Borough, and in addition, the organisation and running of classes for their education and employment.

HOSPITAL ACCOMMODATION.

	M.	F.	Children	Total.
Dewsbury & District Infirmary	26	17	14	57
Staincliffe Poor Law Institution	—	—	—	300
Dewsbury & Heckmondwike Joint Isolation Hospital—Fever Beds			—	72
Small Pox Beds	40		10	50
Whitley Grange Hospital for Consumption	8	6	2	16*
Moorlands Maternity Home	—	10	—	10

*In addition the Corporation subsidise two beds at the Birkdale Sanatorium, Southport, for early cases of Pulmonary Tuberculosis, or for advanced cases who have greatly improved at Whitley and require an extension of treatment.

Annual Report of the Chief Sanitary Inspector for the Year 1925.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Councillor Mrs. Watts and Gentlemen,

I have pleasure in presenting the Annual Report for the year ending 31st December, 1925.

The Report, in addition to containing a record of the work performed and the results attained by your Sanitary Staff during 1925, includes Tables showing the progress that has been made since the 1st January 1921.

Unfortunately, reports cannot be made without the inclusion of various tables, some containing a somewhat large number of figures. A perusal of these will, I hope, show the many matters that have been dealt with and the improvements obtained. They cannot, unfortunately, convey any idea of the time spent in obtaining these results.

It will be seen from the report that 840 notices requiring sanitary improvements were served during the year. It is pleasing to record that the majority of owners and occupiers have discharged their obligations on receipt of an informal communication from the department. Only on one occasion has it been found necessary to institute legal proceedings. In this case an order of Court was obtained against an owner to abate a nuisance. He failed to comply with the order, and application was then made to the Court for penalties; a substantial daily penalty was obtained; it was, however, necessary to make a further application to the Court before the work was done. The total penalties paid was £13 16s.

The owners of 16 houses having failed to carry out the repairs asked for under the Housing Acts, the Corporation have exercised their powers under the Acts and executed the work and proceeded to recover the expenses incurred.

The work of converting foul and offensive privies into water closets proceeds steadily. During the year, 65 privies have been dealt with. The Corporation have converted 8 of these in default of the owners.

A large amount of time has been spent in dealing with atmospheric pollution by coal smoke. Observations have shown an unsatisfactory state of affairs, and I am far from being content with the present position.

The need for more and yet more houses for the working classes is shown by the many cases of overcrowding met with during the year.

In July, a Course of Instruction in the Production of Clean Milk was held at the Leeds University. The Course was promoted by the Sanitary Inspectors' Association in conjunction with the Minister of Agriculture and Fisheries. Through the kindness of the Health Committee and the Council, I was permitted to attend the Course, which lasted 9 days. I desire to express to the Health Committee and the Council my thanks for the permission and the facilities granted to me.

There has been a reduction in the total quantity of diseased and unsound foodstuffs destroyed during the year, 11 tons, 4 cwts. 0 qrs. 11 lbs., as against 13 tons, 10 cwts., 0 qrs., 20½ lbs. in 1924. The method of disposing of unsound food is by incineration. Tuberculosis continues to be the most prevalent disease among animals slaughtered for food. Some considerable time must elapse before any appreciable effect is observed in the operations of the Tuberculosis Order, 1925, so far as a reduction in the number of cases met with in the slaughterhouse is concerned. The immediate effect of the Order is the weeding out of the chronic diseased animals among our milch cows.

There has been a considerable addition to Sanitary Law during the past year :—

The Public Health (Meat) Regulations, 1924.
The Milk and Dairies (Consolidation) Act, 1915.
The Public Health Act, 1925.
The Housing Act, 1925.
The Town Planning Act, 1925.
The Housing Consolidated Regulations, 1925.
The Tuberculosis Order, 1925.
The Diseases of Animals Act, 1925.
The Public Health (Prevention of Tuberculosis) Regulations, 1925.

All the above Statutes, Orders and Regulations are now in operation.

The Public Health (Preservatives, &c.) in Food Order, 1925, does not come into operation until the 1st January, 1927.

There has been a change in the *personnel* of the inspectorate. Mr. V. S. Harris leaving in February, after 3 years' conscientious and successful service, to take up an appointment as a Meat Inspector to the Croydon County Borough Council, Mr. L. Poulter from the Staff of the Huddersfield Public Health Department was appointed to succeed Mr. Harris.

I have pleasure in offering my thanks to the Staff for their loyal service at all times. Additional duties and increased work have been placed upon them during the year, but they have never failed in their co-operation.

I think it may be claimed as a result of the improvements chronicled in this Report, the town is correspondingly in a better sanitary condition.

To secure this end, you, Mr. Chairman, Councillor Mrs. Watts and Gentlemen have given a great deal of your time to the consideration of the numerous matters brought to your notice, and I thank you for the interest you have taken and the support you have given me.

I am,

Yours obediently,

JOHN W. MELLOR,

April, 1926. *Chief Sanitary Inspector.*

TABLE XXXVI.

CLOSET ACCOMMODATION.

During the year 1925, the following work has been done in connection with the closet accommodation of the Borough :—

Number of Privies converted into Water Closets ...	65
Number of Privies abolished	5
Number of Pail Closets erected	2
Number of Trough W.C's converted into Pedestal W.C's	10
Additional W.C's provided	184

The position at the beginning of the year 1921 and at the end of 1925 can be seen from the following figures :—

	Jan. 1921	Dec. 1925
Number of Closets, Water Carriage System	8802	10678
Number of Closets, Conservancy System...	2549	1301
Percentage of Water Closets to total Closet Accommodation	77.54	89.14

January, 1921 Midden Privies and	Dewsbury (Old Area).	Ravens-thorpe.	Earls-heaton.	Thorn-hill.	Total.
Earth Closets ...	43	382	843	1125	2393
Pail Closets ...	27	112	6	11	156
Fresh Water Closets ...	--	—	—	—	8569
Waste Water Closets	4	17	—	212	233
					11351
December, 1925 Midden Privies and Earth Closets ...	11	82	572	514	1179
Pail Closets ...	21	93	3	5	122
Fresh Water Closets ...	—	—	—	—	10488
Waste Water Closets ...	—	14	—	176	190
					11979
January, 1921 Number of Ashpits	1650	300	365	574	2889
„ Ashbins	2487	270	504	736	3997
December, 1925 Number of Ashpits	1581	188	262	300	2331
„ Ashbins	2798	789	1018	1610	6215

During the five years 1921–1925, 1214 Privies have been converted into Water Closets. Portable galvanised Ashes Bins have been substituted for 558 Ashpits.

Table XXXVII.

Registered or Licensed Premises in the County Borough of Dewsbury, January, 1921.

	Dewsbury (Old Area).	Ravens. thorpe.	Earls- heaton.	Thorn- hill.	Total.
Slaughter-houses	18	3	6	7	34
Common Lodging-houses	4	—	—	—	4
Cowsheds	6	3	9	42	60
Dairies and Milkshops ...	9	1	6	8	24
Tripe Boiling Premises ...	4	—	2	1	7
Soap Making Premises ...	1	—	—	—	1
Bone Boiling, Fat Extracting, &c.	—	—	1	—	1
Gut Scraping Premises ...	—	—	—	—	—
Fell Mongering Premises	1	—	—	—	1
Bakehouses	22	8	8	3	41

Registered or Licensed Premises in the County Borough of Dewsbury, December, 1925.

	Dewsbury (Old Area).	Ravens- thorpe.	Earls- heaton.	Thorn- hill.	Total.
Slaughterhouses	14	4	6	4	28
Common Lodging-houses	4	—	—	—	4
Cowsheds	6	1	8	38	53
Dairies and Milkshops ...	23	6	10	30	69
Tripe Boiling Premises ...	4	—	1	2	7
Soap Making Premises ...	1	—	—	—	1
Bone Boiling, Fat Extracting, &c. ...	—	—	2	—	2
Gut Scraping Premises ...	—	—	1	—	1
Fell Mongering Premises	—	—	1	—	1
Bakehouses	25	7	6	5	43

INSPECTION WORK, 1925.

Total number of	Inspections made	11669
„ „	Re-inspections made	2324
„ „	Defects found	2329
„ „	Defects remedied	2350
Number of	Informal Noticed Served	793
„	Formal „ „	47
„	Informal Notices complied with	737
„	Formal „ „ „	43
„	Interviews	195
„	Letters sent out	455

Details of Inspection Work.

TABLE XXXVIII.

Dwelling Houses.	Inspections.	Re-inspections.
No. Inspected Ordinary	1503	2111
„ „ *re* Infectious Disease ...	380	7
„ „ *re* Complaints Received	285	—
„ „ *re* Suspected Overcrowding	25	13
„ „ *re* Dirty Condition ...	45	52
„ „ *re* Water Supply ...	5	—
„ „ and Recorded, H.T.P. &c. Acts	87	—
Tents, Vans, Sheds	151	1
Schools	11	6
Factories	20	4
Workshops	97	63
Workplaces	3	—
Laundries	1	—
Outworkers	1	—
Bakehouses—Ordinary	90	18
Underground	7	2
Cowsheds	129	3
Dairies and Milkshops	57	3
Ice Cream Premises	80	20
Slaughterhouses	2525	—
Offensive Trade Premises	30	—
Fried Fish Premises	44	10
Common Lodginghouses	60	—
Houses let in Lodgings	7	—
Stable Premises	25	7
Offensive Accumulations	15	2
Animals so kept as to be a Nuisance ...	4	—
Sewers	16	—
Street Gullies	14	—
Canal Boats	1	—
Urinals	1	—
Markets	3445	—
Shops *re* Meat Supplies	679	—
„ *re* Food Supplies	488	2
Food Preparing Premises	74	—
Rat-infested Premises	148	—
Smoke Observations	209	—
Theatres and Cinemas	10	—

Drains.	Inspections.	Re-inspections.
No. Inspected	314	—
No. Water Tested	166	—
No. Smoke Tested	69	—
No. Grenade Tested	52	—
No. Colour Tested	29	—
No.of Inspections while work in progress	471	—
Total Number of Defects found ...	2329	—
Number of Defects found in Houses ...	1489	—
Number of Defective Dwelling Houses	631	—
Number of Informal Notices served :—		
Public Health Act	747	—
Housing Act	46	—
Number of Formal Notices served :—		
Public Health Act	26	—
Housing Act	11	—

Table XXXIX.

Sanitary Improvements made and Defects remedied under the supervision of the Sanitary Inspector.

Dwelling Houses.	
Water Supply Improved	7
Cleansed and Limewashed	37
Overcrowding Abated	6
Disinfected	147
Number of Rooms Disinfected	219
Roofs Repaired	110
Eaves—Spouts Repaired	79
Fall Pipes Repaired	60
Fall Pipes Disconnected from Drain	12
Rendered free from Dampness	49
Sinks Repaired	25
New Sinks Fixed	7
Waste Pipes Repaired, Renewed or Trapped ...	53
Waste Pipes disconnected from Drain	3
Baths Fixed	8
Lavatory Basins Fixed	5
Bath and Lavatory Waste Pipes Fixed	13
Provided with improved means for food storage	17
Fireplaces Repaired	25

Coppers Repaired	10
Coppers Provided	5
Light and Ventilation Improved	4
Windows Repaired and made to open	132
Floors Repaired	54
Ceilings Repaired or Replastered	48
Walls Repaired or Replastered	96
Stairs and Staircases Repaired	10
External Walls Rebuilt	8
External Walls Pointed and Repaired	73
Chimney Stacks Pointed and Repaired	84
Water removed from Cellars	20
Provided with Paved Yards	3
Paved Yards Repaired	34
Boundary Walls Repaired	1

Tents, Vans, Sheds.

Removed	1
Overcrowding Abated	1
Camping Grounds, Accommodation Provided ...	5
Camping Grounds Cleansed	5

Schools.

Disinfected	3
Other Defects Remedied	2

Factories.

Sanitary Accommodation Improved	4

Workshops.

Cleansed and Limewashed	22
Light and Ventilation Improved	1
Sanitary Conveniences Limewashed	3
Sanitary Accommodation Improved	8
Separate Accommodation Provided for sexes ...	3
Other Defects Remedied	2

Bakehouses.

Cleansed and Limewashed	85
Sanitary Condition Improved	12
Underground, Closed	1

Dairies and Milkshops.

Cleansed and Limewashed	12
Improved	3

Cowsheds.

Cleansed and Limewashed	96
Light and Ventilation Improved	1
Walls Rendered with Cement	1
Floors Repaired	1
Improved Structually...	3
Yards Paved	1
Yards Drained	1
Overcrowding Discontinued	1
Abolished	2

Ice Cream Premises.

Sanitary Condition Improved	13
Closed as Unsuitable	10

Slaughterhouses.

Limewashed	28
Improved structually	5

Offensive Trades Premises.

Cleansed and Limewashed	22

Common Lodging Houses.

Cleansed and Limewashed	4
Other Nuisances Abated	3

Houses Let in Lodgings.

Cleansed and Limewashed	30

Stable Premises.

Cleansed and Limewashed	2
Sanitary Condition Improved	3
Manure Receptacles Provided	1

Offensive Accumulations.

Removed	31

Animals kept as to be a Nuisance.

Nuisance Abated	6

Sewers.

Cleansed	17
Provided	1

Street Gullies.

Cleansed	21
Trapped	2

Urinals.

Cleansed	2
Rebuilt	1
Improved	3

Drains.

Constructed (New)	145
Re-constructed	26
Cleansed or Repaired	119
Under Houses Abolished	7
Opened Out for Inspection	11
Connected to Sewer	8
Ventilated	148
Soil Pipes Repaired	4
Inspection Chambers Built	133
Inspection Chambers Repaired	5
Intercepting Traps Provided	1
Self-Cleansing Gullies Provided	515

Water Closets.

Cleansed and Limewashed	91
Repaired	39
Re-constructed	8
Cisterns Repaired	24
New Cisterns Fixed	33
Flush Pipes Repaired	17
New Pedestals Provided	42
Screen Walls Provided	10
Provided in Substitution of Privies	65
Provided in Substitution of Trough Closets	10
Additional Provided to Number previously obtaining	35
Erected for New Houses	149
Total Number provided for Dwelling Houses	168
Total Number provided for Factories and Workshops	5
Abolished	22

Midden Privies.

Converted to Water Closets	65
Abolished	5
Repaired	2

Pail Closets.

Repaired	3
New Pails Provided	6
Cleansed and Limewashed	12
Erected	2

Trough Water Closets.

Repaired	13
Cisterns Repaired	1
Cleansed and Limewashed	14
Converted to Water Closets	10

Waste Water Closets.

Repaired	12
Cleansed and Limewashed	3

Ashpits Abolished.

Wet	37
Dry	7

Ashplaces.

Portable Receptacles Provided	279
Portable Receptacles Renewed	74
Furnished with Proper Doors and Coverings ...	30

Miscellaneous.

Not Classified above	4

Total number of defects remedied	2350
„ „ „ for Houses remedied ...	1897
Total number of Houses for which above work was done	1023
Preliminary Notices P.H.A. complied with ...	689
Statutory Notices P.H.A. complied with	22
Preliminary Notices H.T.P.A. complied with ...	48
Statutory Notices H.T.P.A. complied with ...	21

FACTORIES AND WORKSHOPS.

The following Table is that required by the Home Office, and represents the work done by the Sanitary Inspector in connection with Factories, Workshops and Workplaces.

TABLE XL.

1.—Inspection of Factories, Workshops and Workplaces.

Premises.	Inspections	Written Notices	Prosecutions.
Factories ... ... (Including Factory Laundries)	11	2	Nil.
Workshops ... ... (Including Workshop Laundries)	123	15	Nil.
Workplaces ... ... (Other than Outworkers' premises)	3	1	Nil.
Total	137	18	Nil.

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Found.	Remedied.		
Nuisances under the Public Health Acts :—				
Want of Cleanliness ...	17	19	—	—
Want of Ventilation ...	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances	8	8	—	—
Sanitary Accommodation :—				
Insufficient	1	1	—	—
Unsuitable or Defective	10	12	—	—
Not Separate for Sexes	4	2	—	—
Offences under the Factory and Workshops Acts :—				
Illegal occupation of underground Bakehouse (s.101)	Nil.	1	—	—
Other Offences	—	—	—	—
Totals ...	40	43	—	—

Privies have been converted into Water Closets at one Workshop. Additional closet accommodation has been provided at one workplace. An intervening ventilated space between the Water Closets and Workrooms has been provided at two Workshops. Other defects remedied are the provision of bolts on the interior of the Water Closet Doors, where females are employed; light and ventilation provided to Water Closets; floors of Workshops repaired.

At the close of 1924 there were three dirty workshops outstanding, and four workshops where the sanitary accommodation was unsuitable or defective. These defects have now been remedied.

A new structure has been erected to take the place of one underground bakehouse which has been closed.

OUTWORKERS (FACTORY AND WORKSHOPS ACT, 1901).

No lists were received during the year.

AMUSEMENT HOUSES.

During Inspections nothing was seen on any occasion to which serious objection could be taken.

COMMON LODGING HOUSES.

The number of Common Lodging Houses in the Borough is the same as in 1921, namely 4. The main work of inspection has been in connection with persons coming into the town from places where Small-pox had been notified.

One case of Diphtheria was notified during the year. The patient was removed to hospital. The bed, bedding and room were disinfected.

HOUSES LET IN LODGINGS.

Houses let in lodgings show a tendency to increase. This is undoubtedly due to the acute shortage of houses.

Married couples who have not a house prefer to rent a furnished room, even though the rent be high, rather than live with other people. Inspections reveal that the majority of the persons occupying these rooms have children. It is very undesirable for children to be reared in a room that is used as a living room by day and a sleeping room by night.

During the year an underground room was found to be let as a furnished room. The room, in addition to being used as a dwelling, was also the common room for the inmates of the other rooms, to use as a wash-house. We informed the owner that the room must be discontinued to be used as a dwelling. The owner voluntarily closed the room without our having to bring the matter before the Housing Committee.

VAN DWELLINGS.

Vans coming to the local fairs were inspected. No case of infectious disease was reported. During the year, a van was found stationed in a field. No sanitary accommodation had been provided for the use of the occupants, and there was no receptacle for refuse. The ground near the van had been greatly fouled. Notice was served on the owner of the field to provide the necessary accommodation. The effect of the notice was the removal of the van and the cleansing of the ground.

SMOKE.

The prevention of atmospheric pollution by coal smoke is very important work, and is comparable with that of preventing pollution of our water supplies or with the protection of our food supplies. The smoke nuisance is distinctly dangerous to the public health. It is preventable and should be prevented.

Unfortunately, public opinion appears to be almost indifferent to the great need for a pure clean atmosphere over our industrial towns. People grumble when the weather is foggy. Housewives complain of the frequent necessity to wash window curtains; they also complain on wash days when the household linen has to be washed over again because smoke from a neighbouring chimney has soiled the linen during the time it has been hung out to dry.

Each year numbers of people from the towns visit seaside resorts or make trips into the country to enjoy a pure atmosphere and to feel the full effects of the sun's rays.

We should have less fogs, household labours would be lightened; we could enjoy a pure atmosphere and feel the sun's rays for many days in the year in our towns, if public opinion would demand a clean atmosphere.

During the year an attempt has been made by the Minister of Health to awaken an interest in the West Riding of Yorkshire on this great question. On the 15th May, 1925, a Conference of Local Authorities was held at the Town Hall, Leeds. The Conference was attended by 116 Delegates, representing 57 Local Authorities, in that portion of the West Riding covering an area from Skipton to Wakefield. Mr. J. C. Dawes, O.B.E., of the Ministry of Health, presided.

The object of the Conference was to discuss the possibilities as to Smoke Abatement in Leeds and the surrounding district, and to endeavour, while local autonomy is fully preserved, to arrive at some measure of uniformity of administration on the part of Local Authorities in such matters as standards of smoke emission and administration.

The Conference appointed an Executive Committee of 17 members; these represent County Boroughs, Boroughs, Urban and Rural Districts and the West Riding County Council. Dewsbury is fortunate in having Councillor J. R. Dyson, Chairman of the Health Committee, as a member of this Committee. The Committee is now known as The West Riding of Yorkshire Regional Smoke Abatement Committee. Meetings are held monthly, and the whole question of Smoke Abatement is being seriously considered.

The Committee addressed a series of questions bearing on Smoke Abatement, to the various Local Authorities, 48 of whom sent in replies. One question asked—"What is the aggregate permissible allowance of black smoke from factory chimneys in your district?"

It is interesting to note that Dewsbury, with an emission period for black smoke from factory chimneys of 10 minutes in 60 minutes, has the highest permissible limit among the Boroughs. We should not be satisfied with this, and though I know it will not be popular, we should aim at a lower limit, bearing in mind that it is a concession to allow black smoke to pollute the air.

Factory Smoke. During the year, 225 observations, each of one hour's duration have been made of 65 factory chimneys. On 53 occasions black smoke has been emitted for a longer period than 10 minutes in 60 minutes. After a continuous struggle over a period of eight months with the worst

offender, the nuisance from this firm's chimney has been abated, without a prosecution. Progress can also be reported in connection with other chimneys.

Domestic Smoke. Smoke from domestic fireplaces is generally thought to be a negligible quantity as a factor in air pollution, simply because such smoke, when viewed from the street level is practically invisible owing to its lesser density and lighter colour. This impression is decidedly wrong, because if the smoke from the domestic chimney is carefully analysed, it will be seen that it contains a larger quantity of oily tar than the smoke discharged from the chimney connected with a high temperature furnace. The reduction in the quantity of domestic smoke lies in the burning of smokeless fuel, such as gas, electricity, coke or low temperature combustion fuel.

Some little progress has been made in this direction by the introduction of gas coppers and cookers in the houses erected by the Corporation, and the use of gas fires and electric radiators in offices.

OFFENSIVE TRADES.

The offensive trade premises have been inspected regularly during the year. The whole of the businesses appear to have been carried on satisfactorily, and no complaints have been received.

I may mention that at the July Meeting of the Health Committee, I reported the need of Bye-laws in connection with offensive trades.

INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTION) ACTS.

One application has been received during the year from a tenant, for a certificate under the above Acts, stating that the dwelling house occupied by him was not in a reasonable state of repair. A certificate was granted.

One landlord made application for a report to be issued, stating that the repairs asked for on a certificate issued to his tenant had been satisfactorily executed. A report was issued.

HOUSING.

During the year, 1863 houses have been inspected under the Public Health Acts.

For the purposes of the Housing Acts, 87 houses have been inspected and particulars recorded; 16 of these were found to be unfit for human habitation—this is equal to 18.39 per cent; 70 houses or 80.46 per cent. were found to be not in all respects reasonably fit for human habitation.

It is pleasing to record, that during the year, it has only been found necessary to serve Statutory Notices on owners to execute the repairs required to 11 houses. In all other instances the owners have either completed the repairs or given instructions for the work to be done after receiving an informal communication from the Sanitary Inspector.

The number of houses that have been made fit for human habitation during the year are—under the Public Health Acts, 826; under the Housing Acts, 62.

The repairs to certain houses in Beatson Street and Thomas Street, Thornhill Lees, had been outstanding for some considerable time; the Corporation have now executed the necessary repairs in default of the owners. The expenses incurred are recoverable from the owners.

During the year, representations were made respecting the following houses, as being unfit for human habitation:—

Bell Pit Cabin, Earlsheaton.

109, 111, and 113, Sands Lane, Earlsheaton.

156, 162, 164 and 166, Stocks Yard, Earlsheaton.

62a, Ridings Road, Dewsbury.

17 and 21, Kiln Road, Dewsbury.

Closing Orders were made for nine of these houses. The Corporate Property Committee are the owners of the houses 17 and 21, Kiln Road. Notices have been served on the tenants to vacate the houses.

In addition to the above houses, the owner of an underground room used as a dwelling house at Croft House, Earlsheaton, voluntarily closed the room. There are four houses, 13, 15, 17, 19, Old Bank, that are in a difficult position to carry out effectively the necessary repairs. They are let at a very low rental to aged persons. The question of a representation has been deferred until the houses become vacant.

The following houses have been demolished during the year :—

Dawgreen Insanitary Area.

Unnumbered house, Titus Hill,	unoccupied.
26, 28, 28a, Middle Road	occupied.
1 and 3, Junction Road	„
9 and 11, Junction Road	unoccupied.

Asman Square.

16 and 18, Kiln Road	occupied.
20 and 22, Asman Square	„

24, 26, 28, 30, 32, 34, Asman Square, unoccupied as dwellings. (Used as warehouses).

Construction of New Road.—Bywell Road.

219 and 221, Wakefield Road	occupied
2, 4, 6, 8, 10, Syke Lane End	„

Webster Hill and Wellington Road Improvement.

96, 128, 130, 132, Old Westgate	occupied.
110, 112, 114, 116, 118, Old Westgate	unoccupied.

126, Old Westgate, unoccupied as a dwelling (used as a workshop).

ICE CREAM.

One hundred visits were paid to premises where ice cream is manufactured or sold. During the year, the sanitary condition of thirteen premises has been improved. Ten places were closed as being unsuitable for the manufacture of this popular article.

MILK.

The year 1925 has seen the introduction and sale of Grade "A" (Tuberculin Tested) Milk in Dewsbury. This is a distinct step forward. The pity of it is that the milk is produced outside the boundaries of the Borough instead of within the Borough. One did hope that some out of the 51 cowkeepers within the Borough would endeavour to produce at least milk of Grade "A" standard. But none has yielded to persuasion, though help has been offered. It is still more disappointing to find that not a single cowkeeper has entered the Yorkshire Clean Milk Competition 1926, promoted by the Yorkshire Agricultural Society in conjunction with the University of Leeds and the Yorkshire Council for Agricultural Education, though each

producer had all the information in connection with the competition sent to him, together with an invitation to enter the competition.

There is this to be said, however, for some of the producers within the Borough. Inspections during the year have shown that some are improving in their methods, cows are groomed and the cows' hindquarters and udders are washed daily. The milk is also cooled. If these producers will go still further and sterilize all utensils, there is no reason why the Grade " A " standard should not be reached, and advantage taken of the undoubted benefits to be gained from holding a " Grade A " licence.

There is room for improvement in the methods of handling and distribution of milk. One frequently sees retailers pouring milk from churns into hand cans in a public street, exposing the milk to contamination. Churns are left at street corners, the lids of the churns being raised to " ventilate the milk." Where this is done, the milk is usually found to have not been cooled at the farm. If the milk is properly cooled after production, there is no need to have ventilated churns.

I am told by farmers that quite a number of their customers demand warm milk. Upon enquiry, I find this to be true. Some housewives have a feeling of safety about milk that is warm when they receive it. Unfortunately warm milk is not safe. Conditions are such that bacteria quickly multiply. Milk is a good medium for the rapid development and growth of bacteria ; warm conditions assist growth, and if the milk has been produced or handled under dirty conditions, the distribution of the bacteria throughout the milk eventually bring about souring and taint and consequent loss.

Cooling milk to as low a temperature as possible delays bacterial growth. The keeping of bacteria down to the lowest possible limits by clean methods of production, clean handling and distribution, is to have a clean milk supply.

A " Clean Milk " will have for the consumer the following advantages :—

(*a*) It can be fed raw to children with safety.

(*b*) It can be kept for two or three days, even in warm weather, without going sour or developing taint.

For the producer, " Clean Milk " will mean less loss from sour milk. Apart from reducing losses due to sour milk, cows kept under clean conditions are healthier and able to make more

productive use of their food than those housed and milked without any regard to cleanliness. Dirt brings disease and loss. All-round cleanliness helps to make a healthy herd and to increase milk yield.

There are 51 persons registered as Cowkeepers. The total number of Retail Purveyors who are registered is 81 ; 29 of these are also Cowkeepers ; 10 Retail Purveyors reside outside the Borough ; 34 persons are registered for the sale of sterilized milk only.

The total quantity of milk distributed daily within the Borough is 2,222 gallons. 748 gallons are produced in the Borough ; 489 gallons are brought in by road, and 985 gallons are delivered at the railway stations.

Under the Milk (Special Designations) Order, 1923, the following licences were in force at the end of the year :—

Description of Licence.	No. in force 31st Dec., 1925
Dealers Licence to use the designation Grade " A " (Tuberculin Tested) :—	
(*a*) Bottling establishments	1
(*b*) Shops	2

Under the Public Health (Condensed Milk) Regulations, 1923, two samples of condensed milk were taken, and under the Public Health (Dried Milk) Regulations, 1923, five samples of dried milk were taken. There were no offences under these Regulations.

Public Health (Milk and Cream) Regulations, 1912 and Amending Regulations 1917. The Public Analyst examined 113 samples of milk, four samples of preserved cream and one sample of cream, submitted to him. All the samples of milk were certified to be free from preservative ; the four samples of preserved cream complied with the Regulations, but the one sample of cream contained Boric Acid as a preservative to the extent of 0.27%. The container was not labelled. The sample was an informal one. The person from whom the sample was purchased traded as a fruiterer, and sold cream during the period strawberries were in season. Subsequent observations showed that all the containers were properly labelled, and no further action was taken.

The average composition of the samples of milk taken during the year for analysis is shown under the heading of Sale of Food and Drugs Acts.

In connection with the administration of the Sale of Food and Drugs Acts, 207 samples have been taken for analysis. Full particulars are set out in the following Tables :—

TABLE XLI. **Samples of Milk and Cream sent to the Borough Analyst for Examination during 1925.**

Article.	Genuine.	Adulterated.	Total.	Taken Formally. Genuine.	Taken Formally. Adulterated.	Taken Informally. Genuine.	Taken Informally. Adulterated.
Milk	99	13	112	93	13	6	—
Separated Milk ...	1	—	1	1	—	—	—
Cream	4	1	5	—	—	4	1
Total	104	14	118	94	13	10	1
				—107—		—11—	

The Standard for Milk, (other than skimmed, separated or condensed milk) as laid down in the Sale of Milk Regulations 1901, is, Milk Fat, 3%, Non-Fatty Solids, 8.5%.

The average composition of the 112 samples of milk taken during the year was :—

Milk Fat	3.85	per cent.
Non-Fatty Solids ...	8.95	,,
Total Solids	12.80	,,

The average composition of the 99 samples of genuine milk taken during the year was :—

Milk Fat	3·88	per cent.
Non-Fatty Solids	9.01	,,
Total Solids ...	12.89	,,

The Sale of Milk Regulations, 1912, gives the Standard for skimmed or separated milk (not being condensed milk) as 8.7 per cent. of milk-solids other than milk-fat.

The composition of the sample of separated milk taken during the year was :—

Non-Fatty Solids	9.29	per cent.
Milk Fat	0.31	,,
Total Solids	9.60	,,

TABLE XLII. Particulars of Adulteration.

No. of sample	Article	Adulteration or Offence	Fines £ s. d.	Remarks
156	Milk	1·8 per cent. added water		Vendor warned.
161	„	45 parts per million of fully centrifuged dirt		Consignor warned.
162	„	44 „ „ „ „		„ „
250	„	1·6 per cent. added water		Followed up by sample No. 272
272	„	3·76 „ „		Retail purveyor requested that a sample be taken in course of delivery
274	„	2·9 „ „		Taken in course of delivery in connection with sample No. 272.
151M	„	6·7 „ „		Taken in course of delivery outside the Borough in connection with samples Nos. 272 and 274. Procedure as laid down in Section 8, Sub-section 4, Milk and Dairies (Consolidation) Act, 1915, not correctly followed. For further action see remarks anent samples No. 298, 299, 303.
276	„	0·46 „ „		Vender warned
270	„	20 per cent. deficient in milk fat		Producer only had one cow. Warned and agreed to cease selling milk.
298	„	9·8 per cent. added water	3 0 0	Farmer to pay £5 4s. 6d. costs in addition to fines.
299	„	4·4 „ „	3 0 0	
303	„	0·9 „ „		
317	„	25·3 per cent. deficient in milk fat	2 0 0	Vendor to pay £2 12s. 6d. costs in addition to fine.
180	Calcined Magnesia	Contained only 66·5 per cent. of the required amount of Magnesium Oxide		Informal Sample.
192	„ „	„ „ 60·0 „		Informal Sample.
189	„ „	„ „ 66·2 „		Summons withdrawn on payment of costs, and upon agreement to withdraw stocks from sale.
193	„ „	„ „ 65·1 „		
194	„ „	„ „ 61·9 „		
197	„ „	„ „ 59·3 „		
258	„ „	„ „ 82·0 „		Vendor warned, stocks withdrawn from sale.
268	„ „	„ „ 81·9 „		
134	Jam ...	Contained 57% of soluble solids and a large proportion of Plum Stones		No action taken.
173	„	Contained 58·9 per cent. of soluble solids		„ „ ..
166	Egg Powder Substitute	Deficient in Carbonic Acid Gas, and contained an excess of mineral matter		Informal Sample.
175	„ „ „	Deficient in Carbonic Acid Gas, and contained 25 per cent. excess mineral matter		Vendor Warned.
286	Lemon Cheese	Contained only 2/5 of the desirable amount of Margarine		No action taken.
224	Baking Powder	Contained only 80% of the required amount of Carbonic Acid Gas		Vendors Warned.
210	Cream	Contained 0·27 per cent Boric Acid		Informal Sample, not labelled.

Table XLIII.

Samples of Food other than Milk and Cream sent to the Public Analyst for Examination during 1925.

Article	Genuine	Adulter'd	Total	Taken Formally		Taken Informally	
				Genuine	Adult'd	Genuine	Adult'd
Jam	5	2	7	1		4	2
Fruit Salad... ...	1		1			1	
Lemon Cheese ..	1	1	2			1	1
Sugar	1		1			1	
Tea	1		1			1	
Cocoa	3		3			3	
Coffee	1		1			1	
Crystal Jelly Powder...	1		1			1	
Custard Powder ...	1		1			1	
Blanc Mange Powder	1		1			1	
Scone Flour ...	1		1			1	
Self Raising Flour ...	2		2			2	
Ground Rice	1		1			1	
Egg Substitute Powder		2	2		1		1
Borax	2		2			2	
Calcined Magnesia ...	1	8	9		5	1	3
Butter	10		10			10	
Lard	4		4			4	
Pork Dripping ...	1		1	1			
Baking Powder ..	1	1	2			1	1
Cakes	3		3			3	
Peas	4		4			4	
Tinned Peas ..	1		1			1	
Cheese	6		6			6	
Vinegar	2		2			2	
Raspberry Vinegar ...	1		1			1	
Full Cream Dried Milk	4		4			4	
Partly Skimmed Dried Milk...	1		1			1	
Condensed Milk ...	2		2			2	
Sausage	1		1			1	
Shredded Beef Suet ...	1		I			1	
Mincemeat	2		2			2	
Common Beer ...	3		3			3	
Apples (Imported) ...	4		4			4	
White Preservative Powder...	1		1			1	

WATER.

One sample of water was submitted for Chemical Analysis. The report was satisfactory.

FOOD INSPECTION.

The year under review has seen the introduction and administration of the Public Health (Meat) Regulations, 1924. The object of the regulations is to secure more adequate inspection of animals slaughtered in this country, and improvements in the handling transport and distribution of meat.

It has been necessary to call for improvements in the covering of market stalls from which meat is sold. The improvement is apparent and has been carried out entirely at the expense of the various stallholders. On several occasions I found that leakage of gas from defective fittings was contaminating the meat, and in June I approached the Markets Committee with reference to the substitution of gas by electricity for the illumination of the butchers stalls, with a view to the better protection of the meat. I am pleased to say that this suggestion was acted upon, with satisfactory results so far as the butchers' stalls grouped together on the West side of the Market Place are concerned, but there are a few meat stalls in various parts of the Market where gas is still used as an illuminant.

At five slaughterhouses, separate buildings have been erected for use as places for the preparation of potted meat, sausage and the like. Previously, this work was done in the slaughterhouse when killing was not taking place.

Generally speaking, the butchers and meat traders have endeavoured to observe the regulations, though it has been necessary to remind them of omissions, which I believe were unintentional, and were soon remedied.

Slaughterhouses.

The position as to the number of private slaughterhouses in use in January 1921 and at the end of December, 1925, is as follows :—

	Jan., 1921.	Dec., 1925.
Registered ...	5	5
Licensed ...	29	23
Total ...	34	28

The reason for the decrease is, the occupiers of six of the licensed slaughterhouses have allowed the licences to lapse. They have found it more convenient to purchase meat from some wholesale butcher rather than slaughter animals for sale, and the premises are now used for some other purpose.

During the year, one application was received for a licence to use a building as a slaughterhouse. The application was not acceded to, though strong representations were made in support of the application. On that occasion, various members of the Health Committee voiced the opinion for the need of a Public Abattoir, but there the matter rested. One would like to see this very important question thoroughly explored and a recommendation made to the Council. There are reasons for this. During the year, several applications were received from persons for permission to slaughter pigs for home use, on unlicensed premises. A number of these applications were refused on the grounds of the unsuitability of the premises ; the pigs were then either sold or taken to a slaughterhouse. Some of the local butchers who have not a slaughterhouse, have to share accommodation with other more fortunate butchers, in some cases outside the Borough. A number of our local slaughterhouses are very old, they are difficult of approach and they fall far below the modern standard for a slaughterhouse. The Tuberculosis Order of 1925 has emphasized the real need for a Public Abattoir. Under this order, any bovine animal certified to be suffering from Tuberculosis must be slaughtered. After slaughter a post-mortem examination must be made. In the absence of a Public Abattoir, we have to rely on the kindness of the owner of a local slaughterhouse, for the reception and slaughter of these animals. If the disease appears to be very advanced, the animal is slaughtered at a Knacker's Yard in a neighbouring town. This should not be.

Our local slaughterhouse difficulties allow of only one remedy. A Public Abattoir.

Meat.

The number of animals slaughtered in the Borough during 1925 were :—

Cattle	...	...	3483
Calves	...	...	280
Sheep	...	...	8204
Pigs ...	...	...	5129
Total		...	17096

Every endeavour is made to inspect as many carcases and organs as possible at the time of slaughter or before removal from the slaughterhouse. But as I explained in last year's report, all are not seen.

During the year, 2,535 visits were paid to slaughterhouses ; many of these visits were made outside the usual office hours—early morning, evenings and occasionally on Sundays. Not all the meat sold in Dewsbury is slaughtered in the Borough. In addition to visiting slaughterhouses, the meat exposed for sale in the shops, on the market stalls and on hawkers' carts is inspected. Inspections are also made of food preparing places and restaurant kitchens.

There has been an increase in the weight of fresh meat destroyed during the year ; 16,534 pounds as compared with 12,381 pounds in 1924.

This increase is not due to a lowering of the quality of meat slaughtered in Dewsbury, but is explained mainly by the large number of ox livers that have been condemned. During the year, 272 livers were destroyed. These were affected by a parasite known as the *Distomum Hepaticum*. The affected livers are cirrhotic and unfit for human food. Our records show that the disease was prevalent throughout the year. Irish cattle were most affected, and the condition was met with mainly in bullocks during the first six months of the year, and that more heifer than bullock livers were condemned from July to December. On several occasions the parasite was observed in the lungs of oxen, the affected lungs were condemned. There has been an increase in the number of sheep lungs infested with the parasite, the *Strongylus Rufescens*. There has also been an increase in the number of organs condemned for tubercular affection.

The whole of the meat found to be unfit for human food was surrendered voluntarily by the owners.

The following Tables show the number of carcases and organs condemned and the diseases met with.

Table XLIV.

Carcases with all Organs condemned as totally unfit for Human Consumption.

Animal		Tuberculosis	Accident	Inflammatory Diseases.	Parasitic Diseases.	Other Bacterial Diseases.	Other Diseases.
Cows	...	3					
Heifers	...	1					
Pigs	...	6	3	3			
Sheep	...		2				
Calves	...		1				

Table XLV.

Carcases partially condemned as unfit for Human Consumption.

Animal		Tuberculosis	Accident	Inflammatory Diseases.	Parasitic Diseases.	Other Bacterial Diseases.	Other Diseases.
Cows	...	1	2				
Heifers	...	2	2	1			
Bullocks	...	2	1				
Pigs	...	1	1				*1

* 1 Pig, Distokia.

Table XLVI.

Various Organs condemned as unfit for Human Consumption.

	Heads.	Tongues.	Lungs.	Livers.	Stomachs.	Kidneys.	Hearts.	Spleens.	Mesenteries.	Intestines.	Udders.	Uteri.
Tuberculosis.												
Cows	4	4	40	4	4	6	4	4	5	5	4	4
Heifers	2	2	12	4	2	2	1	4	3	3	1	2
Bullocks ...	3	3	12	2	1		1	1	1	1		
Pigs	236		173	98	23	10	107	82	80	80		
Inflammatory Diseases.												
Cows			6									
Heifers			1	1	1			1	1	1		
Bullocks ...			7	2				3				
Pigs			48	21	1	8	8	1	2	2		
Sheep			1	1			1	1				
Parasitic Diseases.												
Cows			7	15		1						
Heifers			8	117								
Bullocks ...			3	140								
Pigs			2	18			2		1			
Sheep ...			25	4								
Other Bacterial Diseases.												
Cows		1	11	4			1	1	2	1		
Heifers			6	4								
Bullocks ...			4	6								
Pigs	4		57	2	1		6		2	2		
Sheep			1									

Fish.

The quantity of fish destroyed was 519 pounds. The majority of this was received from wholesale traders, who, on the receipt of the goods found them not fit for human consumption, and invited your inspector's opinion. Apart from this, the quality of the fish seen on the many visits paid to the various shops and stalls in the town was satisfactory.

Under the Public Health (Shell Fish) Regulations, 1915, four samples of mussels were submitted for bacteriological examination. In March, two samples were stated to be unclean, and representations were made for the beds to be closed. In December, one sample from another source was found to be unclean, and a representation for the closing of the bed was made.

Rabbits and Poultry.

There has been an improvement in the condition of the consignments of rabbits received in the town ; 991 rabbits have been found unfit for food as against 5,338 in 1924.

The quality of the poultry remains good.

Fruit and Vegetables.

There has been an increase in the quantity of fruit and vegetables destroyed. The reason for the unsound condition appears to be due to several causes ; over-ripe when gathered ; bad storage ; delay in transport.

Preserved Foods.

This important branch of food inspection received increased attention.

The following were destroyed during the year as being unfit for human food :—

Milk	31	tins
Cream...	1	„
Fruit	194	„
Vegetables	62	„
Fish	90	„
Meat	44	„
Rabbits	10	„
Lemon Cheese ...	5	Jars
Jams	16	„
Pickles	7	„
Sauces	1	Bottle
Beverages	3	„

Summary of Food destroyed during 1925 :—

Fresh Meat	16534	pounds
Potted Meat	59	„
Sausage	3	„
Cows Udders (imported from other towns)	28	„
Ox Feet (imported from other towns)	112	„
Rabbits	2973	„
Rabbit Livers	1	„
Fish	519	„
Fruit	2283	„
Vegetables	1304	„
Eggs (3806)	546	„
Preserved Foods	737	„
Total	25099	

11 Tons 4cwts. 0qrs. 11lbs.

This part of the report would not be complete without reference being made to the provisions of the Dewsbury Corporation Act, 1915, Section 97.

Under this Section it is an offence to let or occupy any room where food is sold, prepared for sale or exposed for sale, as a sleeping place. During the year three cases have been dealt with under this very important Section.

RAT REPRESSION.

The department has entered with greater activity into this sphere of work. In November, an Official Rat Week was held. The first, I believe, that has been held in Dewsbury. The occasion afforded an opportunity for investigating the usefulness of various poison baits for rat destruction. A preparation of liquid extract of Red Squill proved the most effective. We had the satisfaction of seeing several dead and dying rats on premises where Red Squill had been used. We have the further satisfaction of knowing that the premises have been freed from rats. The same cannot be said of other poisons used.

Various preparations have been tried for the destruction of mice, but we cannot say they have been of much use. The only satisfactory way of dealing with mice is to employ its enemy—the cat.

DISINFECTION AND DISINFESTATION.

All articles of clothing and bedding from cases of infectious disease have been disinfected at the George Street Station. 2009 articles have been passed through the steam disinfector. In addition to these, one bale of imported rags was disinfected.

The following have been disinfected by spraying with a 40% solution of Formaldelyde.

175 Rooms in 126 dwelling houses.
11 Classrooms in 3 Schools.
8 Hospital Wards.

Twenty-one bales of rags have been disinfected by spraying with Carbolic Acid prior to exportation.

Twenty-one verminous houses have been treated by spraying with a special fluid.

RAG FLOCK ACT, 1911.

Two samples of rag flock were submitted to the Public Analyst. The following is his report :—

Standard of Purity specified in Rag Flock Act.		30 parts per 100,000 of soluble chlorides.	
Sample No. 1	...	3.0	„
„ No. 2	...	5.7	„

These samples were exceptionally clean.

LITTERING OF STREETS.

In the report for 1924, I directed attention to the thoughtless manner in which the general public littered our streets. The local press very kindly gave publicity to the question. After twelve months' observation I am sorry to say I cannot see any improvement.

TABLE L. Causes of Deaths of Residents at all ages, 1925.

DISEASES CLASSIFIED.	0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-35		35-45		45-65		Over 65		Total Males	Total Females	GRAND TOTAL.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Small Pox												1														1	1
Chicken Pox						1				1	2														2	2	4
Scarlet Fever																									3	2	5
Diphtheria	2	1	1	1														1							10	9	19
Whooping Cough	3	4	2	2	2				1	2	2														15	15	30
Measles													2	1	1	7	5	2		5		4			1	1	2
Erysipelas		1		1						1			1			1								1	1	2
Tuberculosis of Lungs																									5	1	6
Tubercular Meningitis					1		1						1		1			1		1					27	40	67
Other forms of Tuberculosis																	2	1	1	3	19	20	5	16	4	3	7
Cancer																	1					1	3	2		2	2
Rheumatism								1																	37	56	
Meningitis (Acute)		1									2						1	4	2	2	7	9	7	22	3	3	6
Valvular Disease of Heart													1				1	1			1	1		1	6	2	8
Endocarditis																					4	1	2	1	1	2	3
Fatty Degeneration of Heart																					1	2			8	9	17
Angina Pectoris																			1	2	5	6	3		4	5	9
Syncope and Heart Disease																					3	1	2		1		1
Myocarditis																						1			30	38	68
Other Heart Diseases	11	3	1		2		1		1	1		1		2		2	2	2	1	2	2	9	9	16	37	31	68
Acute Bronchitis																	1	1	1		12	7	23	23	16	10	26
Chronic Bronchitis																	2	3	1	5	1	7	3	1	3	16	33
Lobar Pneumonia	6	5	4	2		2			1		1		1				1	1	1			3	2	1	2	17	16
Broncho Pneumonia													1													1	1
Pneumonia (undefined)																							1		1		1
Pleurisy																							1		1		1
Influenza		1	2											1				3		2	2	3	1	3	5	13	18
Diarrhœa	1																						1		2		2
Epidemic and Zymotic Diarrhœa																									8	8	16
Gastritis and Enteritis	6	3		2			1							1									3		6	1	7
Appendicitis and Peritonitis									1								3				2	1			1	2	3
Cirrhosis of Liver																					1	1		1	1	2	3
Nephritis and Bright's Disease													1	2		1	3	2	2	8	3	6	4		20	12	32
Puerperal Fever																	2									2	2
Other Diseases of Parturition																	1									1	1
Premature Birth	11	7																							11	7	18
Debility and Inanition	5	2																							5	2	7
Developmental Diseases and Congenital Malformations	5	2	1		1																				7	2	9
Malnutrition and Marasmus	3																								3		3
Dentition	1																								1		1
Rickets	1																								1		1
Old Age																						2	19	33	19	35	54
Cerebral Hæmorrhage																	1		1	2	13	12	19	21	34	35	69
Apoplexy																				2	3	3	1	6	4	11	15
Arterio Sclerosis																					2	1	11	5	13	6	19
Syphilis	2																				1				3		3
Septicæmia	1																				1				2		2
Diabetes																	1				4	4	1		6	4	10
Pernicious Anæmia																		1			5	4	2	1	7	6	13
G.P.I.																			1	1	1				1	1	2
Paralysis																							1		1		1
Cerebral Softening																										1	1
Other Diseases of Urinary System																		1	1	4	2	2			6	4	10
Epilepsy																									1	3	4
Paraplegia and Hemiplegia														1							1	1		1	1	3	4
Convulsions	5	2		1							1														6	3	9
Other Nervous Diseases																		1			1	1	1	1	2	3	5
Intestinal Obstruction													1						1	1	1			1	1	3	4
Other Diseases of Stomach																		1							1		1
Diseases of Gall Bladder																						3				3	3
Empyema															1										1		1
Chronic Hydrocephalis																		1							1		1
Atelectasis			1																							1	1
Spina Bifida			1																							1	1
Suffocation	1																								1		1
Gangrene of Feet																								1		1	1
,, ,, Leg																								1		1	1
,, ,, Arm																								1		1	1
Salpingitis	1																					1			1		1
Cellulitis																									1		1
Found Drowned																		1		1		1			3		3
Accidental Deaths											1			1	1	1	1	1		2		1	2		7	3	10
Violent Deaths																											
Suicides	1																			4	2	1			5	2	7
Ill-defined Causes																									1		1
All Other Causes					1								1	1	1	1						2			3	4	7
Males	66		11		7		3		4		9		4		7		28		19		121		131				
Females		34		9		3		1		5		5		8		7		31		20		117		173	410	413	823

Table XLVIII.

Abridged Table of the Causes of Deaths in Districts during 1925.

	Dewsbury.		Earlsheaton.		Ravensthorpe.		Thornhill.		Male.	Female.	Total.
	M.	F.	M.	F.	M.	F.	M.	F.			
Scarlet Fever		1								1	1
Diphtheria		2	1				1		2	2	4
Whooping Cough	3	2							3	2	5
Measles	7	7			2		1	2	10	9	19
Tuberculosis of Lungs	9	10	1	2	1	1	4	2	15	15	30
Other Tubercular Diseases ...	5	1			1			1	6	2	8
Cancer	11	16	7	7	4	7	5	10	27	40	67
Meningitis (Acute)		2								2	2
Organic Heart Disease ...	23	34	8	8	3	5	8	11	42	58	100
Bronchitis (all forms)	36	41	7	11	14	7	10	10	67	69	136
Pneumonia (all forms)	23	17	2	3	5	4	3	3	33	27	60
Other Respiratory Diseases ...					1				1		1
Influenza		6	1	2		2	4	3	5	13	18
Diarrhoea and Enteritis ...	9	5	1	1				2	10	8	18
Appendicitis and Peritonitis ...	4	1	1		1				6	1	7
Cirrhosis of Liver	1	1		1					1	2	3
Nephritis & Bright's Disease ...	10	5	3	2	5	1	2	4	20	12	32
Puerperal Fever		1						1		2	2
Other Diseases of Parturition ...		1								1	1
Debility, Inanition, Marasmus, including Premature Birth ...	12	4			2	1	5	4	19	9	28
Developmental Diseases and Congenital Malformations ...	4	2	1		1		1		7	2	9
Old Age	7	19	3	1	3	4	6	11	19	35	54
Cerebral Haemorrhage ...	14	19	5	7	4	1	11	8	34	35	69
Apoplexy	2	4		2	2	1		4	4	11	15
Arterio-Sclerosis	8	4	1		3	2	1		13	6	19
Pernicious Anaemia	3	2	1		1	1	2	3	7	6	13
Found Drowned	2				1				3		3
Suicides	4	2					1		5	2	7
Accidental Deaths	3	2	1		2		1	1	7	3	10
Ill-defined Causes					1				1		1
Other Defined Causes	24	23	5	6	6	7	8	2	43	38	81
	224	234	49	53	63	44	74	82	410	413	823

Table XLIX.

Causes of Deaths in Dewsbury for 9 years, 1917—1925.

Cause of Death	1917	1918	1919	1920	1921	1922	1923	1924	1925
Enteric Fever	1	1	4	*1		1	2		
Small Pox									
Measles	36	4	6	12	1	3	24	1	19
Scarlet Fever			3	3	2	4	3	2	1
Whooping Cough	10	9	3	5	7	5	4	9	5
Diphtheria and Croup	11	8	11	5	8	2	2	3	4
Influenza	4	184	93	19	20	24	27	26	18
Erysipelas					1	3			
Pulmonary Tuberculosis ...	52	43	38	37	31	23	32	52	30
Tuberculous Meningitis ...	3	5	2	7	4	1	3		3
Other Tuberculous Disease ...	8	8	8	7	6	6	11	7	5
Cancer (Malignant Disease) ...	59	55	73	68	71	65	73	72	67
Rheumatic Fever	2	6	5	3	9	3	5	10	7
Meningitis	4	5	3	5	7	2	7	2	2
Organic Heart Disease ...	72	76	91	88	87	71	97	110	100
Bronchitis	76	120	124	98	96	103	103	124	136
Pneumonia (all forms)	66	80	78	49	56	48	69	63	60
Other Diseases of Respiratory Organs	6	1	5	8	7	5	4	5	1
Diarrhoea and Enteritis ...	13	12	23	22	23	8	12	11	18
Appendicitis and Peritonitis ...	5	2	2	2	5	5	10	8	7
Alcoholism and Cirrhosis of Liver	2	2		4	5	3	3	5	3
Nephritis and Bright's Disease	34	44	51	42	32	23	37	35	32
Puerperal Fever	2	2		3	1	2	1	2	2
Other Accidents and Diseases of Pregnancy and Parturition	1	4	6	5	5	5	7	8	1
Congenital Debility & Malformation, including Premature Birth ...	38	47	56	56	67	53	36	35	37
Violent Deaths, excluding Suicide	23	15	20	16	7	10	14	12	10
Suicide	3	8	3	4	9	5	9	2	7
Other Diseases	208	214	222	215	243	262	208	241	248
Totals	739	956	930	784	810	745	803	845	823

*Resident died outside Borough.

TABLE L. Causes of Deaths of Residents at all ages, 1925.

DISEASES CLASSIFIED.	0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-35		35-45		45-65		Over 65		Total Males	Total Females	GRAND TOTAL.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Small Pox											1															1	1
Chicken Pox						1				1	2														2	2	4
Scarlet Fever																									3	2	5
Diphtheria	2	1	1	1														1							10	9	19
Whooping Cough	3	4	2	2	2				1	2	2														15	15	30
Measles															2	1	1	7	5	2		5		4		1	2
Erysipelas		1		1						1							1								1	1	2
Tuberculosis of Lungs															1										5	1	6
Tubercular Meningitis						1		1					1		1			1				1			27	40	67
Other forms of Tuberculosis																	2	1	1	3	19	20	5	16	4	3	7
Cancer																	1					1	3	2		2	2
Rheumatism		1						1			2						1	4	2	2	7	9	7	22	19	37	56
Meningitis (Acute)													1				1	1			1	1		1	3	3	6
Valvular Disease of Heart																					4	1	2	1	6	2	8
Endocarditis																					1	2			2	1	3
Fatty Degeneration of Heart																					1	2			1	2	3
Angina Pectoris																			1	2	5	6	3		8	9	17
Syncope and Heart Disease																					3	4	2		4	5	9
Myocarditis																						1			1		1
Other Heart Diseases																						1			1		1
Acute Bronchitis	11	3	1		2		1		1	1		1		2		2	2	2	1	2	2	9	9	16	30	38	68
Chronic Bronchitis																	1	1	1		12	7	23	23	37	31	68
Lobar Pneumonia																	2	3	1	5	1	7	3	1	3	16	10	26
Broncho Pneumonia	6	5	4	2	2			1		1	1						1	1	1			3	2	1	2	17	16	33
Pneumonia (undefined)												1														1	1
Pleurisy																							1		1		1
Influenza		1	2											1				3		2	2	3	1	3	5	13	18
Diarrhœa	1																						1		2		2
Epidemic and Zymotic Diarrhœa																1						3			8	8	16
Gastritis and Enteritis	6	3		2		1				1							3				2	1			6	1	7
Appendicitis and Peritonitis																					1	1		1	1	2	3
Cirrhosis of Liver													1		2		1	3	2	2	8	3	6	4	20	12	32
Nephritis and Bright's Disease																		2								2	2
Puerperal Fever																		1								1	1
Other Diseases of Parturition																									11	7	18
Premature Birth	11	7																							5	2	7
Debility and Inanition	5	2																									
Developmental Diseases and Congenital Malformations	5	2	1		1																				7	2	9
Malnutrition and Marasmus	3																								3		3
Dentition	1																								1		1
Rickets	1																								1		1
Old Age																	1		1	2	13	12	19	33	19	35	54
Cerebral Hæmorrhage																					2	3	3	21	34	35	69
Apoplexy																						2	1	6	4	11	15
Arterio Sclerosis																						1	11	5	13	6	19
Syphilis	2																					1			3		3
Septicæmia	1																					1			2		2
Diabetes																	1					4	1		6	4	10
Pernicious Anæmia																		1				5	2	1	7	6	13
G.P.I.																			1		1				1	1	2
Paralysis																							1		1		1
Cerebral Softening																						1				1	1
Other Diseases of Urinary System																		1	1		4	2	2		6	4	10
Epilepsy																											
Paraplegia and Hemiplegia														1							1	1		1	1	3	4
Convulsions	5	2		1							1														6	3	9
Other Nervous Diseases																		1			1	1	1	1	2	3	5
Intestinal Obstruction													1						1		1			1	1	3	4
Other Diseases of Stomach																				1					1		1
Diseases of Gall Bladder																							3			3	3
Empyema															1										1		1
Chronic Hydrocephalis																				1					1		1
Atelectasis			1																							1	1
Spina Bifida			1																						1		1
Suffocation	1																										
Gangrene of Feet																							1		1		1
,, ,, Leg																							1		1	1	1
,, ,, Arm																									1		1
Salpingitis	1																					1			1		1
Cellulitis																			1		1		1		3		3
Found Drowned												1			1		1	1	1		2		1	2	7	3	10
Accidental Deaths																						4	2	1	5	2	7
Violent Deaths																									1		1
Suicides	1																										
Ill-defined Causes																											
All Other Causes						1							1	1		1	1					2			3	4	7
Males	66		11		7		3		4		9		4		7		28		19		121		131		410	413	823
Females		34		9		3		1		5		5		8		7		31		20		117		173			

TUBERCULOSIS SCHEME OF THE COUNTY BOROUGH OF DEWSBURY.

TABLE I.

Return shewing the Work of the Dispensary (or Dispensaries) during the year 1925.

DIAGNOSIS.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts) :—												
(*a*) Definitely tuberculous	10	8	8	1	1	—	3	3	11	8	11	4
(*b*) Doubtfully tuberculous	—	1	2	1	—	—	1	1	—	1	3	2
(*c*) Non-tuberculous ...	2	2	9	16	2	—	—	—	4	2	9	16
B.—Contacts examined during the year :— ...												
(*a*) Definitely tuberculous	—	1	—	—	—	—	—	—	—	1	—	—
(*b*) Doubtfully tuberculous	—	2	1	1	—	—	—	—	—	2	1	1
(*c*) Non-tuberculous ...	2	6	6	6	—	—	—	—	2	6	6	6
C.—Cases written off the Dispensary Register, as												
(*a*) Cured	3	—	1	—	2	—	5	—	5	—	6	—
(*b*) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	7	10	15	22	2	—	1	—	9	10	16	22
D.—Number of Persons on Dispensary Register on December 31st :—												
(*a*) Diagnosis completed ...	67	44	21	14	2	6	16	11	69	50	37	25
(*b*) Diagnosis not completed	—	3	3	2	—	—	1	1	—	3	4	3

1.	Number of persons on Dispensary Register on January 1st ...	191
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	2
3.	Number of patients transferred to other areas and cases "lost sight of"	12
4.	Died during the year	18
5.	Number of observation cases under A (*b*) and B (*b*) above in which period of observation exceeded 2 months	8
6.	Number of attendances at the Dispensary (including Contacts)...	3970
7.	Number of attendances of Non-Pulmonary cases at Orthopaedic Outstations for treatment or supervision	—
8.	Number of attendances at General Hospitals or other Institutions approved for the purpose, of patients for	
	(*a*) "Light" treatment...	15
	(*b*) Other special forms of treatment	50
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	1
10.	Number of consultations with medical practitioners :—	
	(*a*) At Homes of Applicants	2
	(*b*) Otherwise	—
11.	Number of other visits by Tuberculosis Officers to Homes ...	7
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	938
13.	Number of	
	(*a*) Specimens of sputum, &c., examined	120
	(*b*) X-ray examinations made in connection with Dispensary work	2
14.	Number of Insured Persons on Dispensary Register on the 31st December	99
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December	7
16.	Number of reports received during the year in respect of Insured Persons :—	
	(*a*) Form G.P. 17	1
	(*b*) Form G.P. 36	—

Table II.—Residential Institution.

(A) Average number of beds available for patients during the year 1925.

	Pulmonary Tuberculosis.		Total.
	"Sanatorium" Beds.	"Hospital" Beds.	
Adult Males	—	8	8
Adult Females	—	8	8
Children under 15	—	2	2
Total ...	—	18	18

(B) Return showing the extent of Residential Treatment during the year 1925.

Number of Patients		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institut'ns. on Dec. 31.
Adults	M.	6	25	17	5	9
	F.	8	11	9	2	8
Children	M.	2	2	2	—	2
	F.	—	—	—	—	—
Total		16	38	28	7	19

Table III.

Annual Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1925.

Classification on admiss'n to the Institution		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total
			Under 3 months.			3–6 months.			6–12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved ...	3	—	—	—	2	—	1	1	—	—	—	—	7
		No material improvement	3	—	—	—	—	—	—	—	—	—	—	—	3
		Died in Institution ...	—	—	—	1	—	—	—	—	—	—	—	—	1
	Class T.B. plus Group 1	Quiescent ...	—	1	—	—	—	—	—	—	—	—	—	—	1
		Improved ...	2	1	—	—	—	—	—	—	—	—	—	—	3
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved ...	—	—	—	1	—	—	—	—	—	—	—	—	1
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 3	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved ...	—	—	—	—	1	—	1	—	—	—	—	—	2
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	3	1	—	—	1	—	1	—	—	—	—	—	6
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent or Arrested ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved ...	—	—	—	—	1	—	—	2	—	1	—	—	4
		No material improvement	—	—	—	—	—	—	—	—	—	1	—	—	1
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent or Arrested ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved ...	—	—	—	1	—	—	—	—	—	—	—	—	1
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent or Arrested ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved ...	1	—	—	2	—	—	1	—	—	—	—	—	4
		No material improvement	—	—	—	1	—	—	—	—	—	—	—	—	1
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent or Arrested ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—

Table IV.—**Pulmonary.**

Annual Return showing in summary form the condition of all patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1925, arranged according to the years in which the patients first came under Public Medical Treatment for Pulmonary Tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.				Previous to 1926.				
				Class T.B. minus.	(Class T.B. plus).			
					Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
Alive.	Discharged as cured.	Adults.	M.	2	—	—	—	—
			F.	—	—	—	—	—
		Children.	M.	1	—	—	—	—
			F.	—	—	—	—	—
	Disease arrested.	Adults.	M.	14	1	1	1	3
			F.	10	—	—	—	—
		Children.	M.	2	—	—	—	—
			F.	4	—	—	—	—
	Disease not arrested.	Adults.	M.	41	—	—	9	9
			F.	22	—	1	11	12
		Children.	M.	14	2	—	3	5
			F.	8	—	1	1	2
Dead.		Adults.	M.	13	—	—	—	44
			F.	6	—	—	—	27
		Children.	M.	1	—	—	—	2
			F.	—	—	—	—	6
Lost sight of or otherwise removed from Dispensary Register				15	—	—	1	1
Totals				153	3	3	26	111

Table IV.—**Non-Pulmonary.**

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1925, arranged according to the years in which the Patients first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.				
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.
Alive.	Discharged as cured.	Adults. M.	1	—	1	—	2
		Adults. F.	—	—	—	—	—
		Children. M.	—	2	—	3	5
		Children. F.	—	—	—	—	—
	Disease arrested.	Adults. M.	—	—	—	—	—
		Adults. F.	1	—	1	1	3
		Children. M.	2	5	—	4	11
		Children. F.	2	—	—	2	4
	Disease not arrested.	Adults. M.	2	—	—	—	2
		Adults. F.	—	—	1	2	3
		Children. M.	3	—	—	2	5
		Children. F.	1	1	2	3	7
Dead.		Adults. M.	1	—	3	—	4
		Adults. F.	1	—	1	—	2
		Children. M.	—	—	2	—	2
		Children. F.	—	—	—	—	—
Transferred to Pulmonary			—	—	—	—	—
Lost sight of or otherwise removed from Dispensary Register			—	2	2	2	6
Totals			14	10	13	19	56